350

51 6501

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6501

1. NAME OF DECEASED (Type or Print): MARGARET LAWTON

2. DATE OF DEATH: JULY 23, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland BALTIMORE, Md.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): maryland General Hospital
C. Length of stay in Baltimore (Yrs. Mos. Days): Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMOR Essex
D. STREET ADDRESS (If rural, give location): 1618 GAIL Road # 21

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 1-21-1899
9. AGE (In years last birthday): 51 years. If Under 1 Year: Months Days; If Under 24 Hours: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W.
10B. KIND OF BUSINESS OR INDUSTRY: at Home
11. BIRTHPLACE (State or foreign country): VA.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Enoch Fisher
14. MOTHER'S MAIDEN NAME: Strawther
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Thomas Lawton - ADDRESS: 1618 Gail Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypernephroma of the left kidney with generalized abdominal & retroperitoneal metastasis & anasarca

DUE TO

ANTECEDENT CAUSES

(B) —

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) —

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 12/20/50
19B. MAJOR FINDINGS OF OPERATION: Hypernephroma of left kidney
20. AUTOPSY? YES ☒ NO ☐
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 10, 1951, *to* July 23, 1951, *that I last saw the deceased alive on* July 23, 1951, *and that death occurred at* 7 35 pm., *from the causes and on the date stated above.*

23A. SIGNATURE: Fabiola Bokhair M. D.
23B. ADDRESS: Maryland General Hospital
23C. DATE SIGNED: July 23, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: July 26-51
24C. NAME OF CEMETERY OR CREMATORY: Sacred Heart
24D. LOCATION (City, town, or county) (State): Balto Co. Md

DATE RECEIVED BY LOCAL REGISTRAR: JUL 24 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: John G. Connelly
ADDRESS: 418 Eastern Ave Balto 21 Md.

VS 150

52a

PLEASE WRITE LEGIBLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and

H 250
51 6502

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 6502

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Frank Oscar Thasson
2. DATE OF DEATH: July 22-51
3. PLACE OF DEATH: A. Baltimore City, Maryland 2422 Md. Ave.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at Home
C. Length of stay in Baltimore: Yrs. Mos. Days — Life
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Balto City
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 12-07
D. STREET ADDRESS (If rural, give location): 2422 Maryland Ave.
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb 28 1880
9. AGE (In years last birthday): 71
If Under 1 Year: Months —, Days —; If Under 24 Hours: Hours —, Min. —
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired
10B. KIND OF BUSINESS OR INDUSTRY: C.R.R.
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Jos. Thasson
14. MOTHER'S MAIDEN NAME: Louisa Logsdon
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT: Mabel L. Hauri (daughter) ADDRESS: 2422 Md Ave.

MEDICAL CERTIFICATION

18. 420.0

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) Coronary Artery Occlusion — 4 hrs
DUE TO
Arteriosclerotic Heart Disease — unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 25, 1950, *to* July 22, 1951, *that I last saw the deceased alive on* July 22, 1951, *and that death occurred at* 7 p m., *from the causes and on the date stated above.*

23A. SIGNATURE: Martin L. Surgeon M. O.
23B. ADDRESS: 11 E Chase St
23C. DATE SIGNED: 7/23/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: July 25 51
24C. NAME OF CEMETERY OR CREMATORY: Baltimore
24D. LOCATION (City, town, or county) (State): Baltimore

DATE RECEIVED BY LOCAL REGISTRAR: JUL 24 1951
REGISTRAR'S SIGNATURE: Lenington Williams, M.D.
25. FUNERAL DIRECTOR: Stewart Moore & Co.
ADDRESS: Balto.

970 50 93D

PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-320

51 6503

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6503

1. NAME OF DECEASED (Type or Print): MARY E. RHOADES

2. DATE OF DEATH: July 22 1951

3. PLACE OF DEATH: A. Baltimore City, Maryland OSL 4

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Johns Hopkins Hosp.

C. Length of stay in Baltimore: 40 yrs. Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY:

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 27 18

D. STREET ADDRESS (If rural, give location): 3411 PATON AVE.

5. SEX: FEMALE

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: 5-2-93

9. AGE (In years last birthday): 58

If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): defense worker

10B. KIND OF BUSINESS OR INDUSTRY: Arsenal

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Robert Parker

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 218-14-2967

17. INFORMANT: JOHNS HOPKINS HOSPITAL ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

550.1

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) pneumonia, RLL, LLL — 2 days

DUE TO

(B) diabetes mellitus, moderately severe — 4 years

(B) hypertensive + atherosclerotic cardiovascular disease — 12 years

DUE TO

(C) appendicitis + peritonitis — 1 month

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST:

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: none

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 20 June 1951

19B. MAJOR FINDINGS OF OPERATION: ruptured appendix, peritonitis

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH: no

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): none

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): none

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: none

21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21F. HOW DID INJURY OCCUR?: none

22. I hereby certify that I attended the deceased from 6-19-, 1951, to 7-22-, 1951, that I last saw the deceased alive on 7-22-, 1951, and that death occurred at 1:08 A m., from the causes and on the date stated above.

23A. SIGNATURE: Richard J. Johns M. D.

23B. ADDRESS: JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED: 22 July 51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7/25/1951

24C. NAME OF CEMETERY OR CREMATORY: Balt. National

24D. LOCATION (City, town, or county) (State): Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 24 1951

REGISTRAR'S SIGNATURE: Mrs. Ida M. Williams, M.D.

25. FUNERAL DIRECTOR: McClaire Funeral Home

ADDRESS: 1631 Druid Hill Ave.

VS 150

6903D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S 536
51 6504

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 6504

1. NAME OF DECEASED (Type or Print): Miss. Grace E. Snyder.

2. DATE OF DEATH: 7-23-51

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Baltimore, Md.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Agnes Hospital
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland. COUNTY: Howard
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Guilford Road
D. STREET ADDRESS (If rural, give location): Jessup, Maryland.

5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): S.
8. DATE OF BIRTH: April 26, 1899.
9. AGE (In years last birthday): 52
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homema ker
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.A..

13. FATHER'S NAME: Mr. James Snyder.
14. MOTHER'S MAIDEN NAME: Ellen Carpl

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mr. J. Louis Snyder, Jessup, Maryland.

MEDICAL CERTIFICATION

18. 420.1

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Pulmonary Edema, Left ventricular
DUE TO Hypertrophy,
(B) Probable coronary occlusion
DUE TO
(C) Arteriosclerotic Cardiovascular Disease

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/22/51, *to* 7-23, 1951, *that I last saw the deceased alive on* 7/23, 1951. *and that death occurred at* 1:55 P.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Harry K. Zinn M. D.
23B. ADDRESS: St Agnes Hosp
23C. DATE SIGNED: 7-23-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: July 25, 1951.
24C. NAME OF CEMETERY OR CREMATORY: Christ Church Cemetery
24D. LOCATION (City, town, or county) (State): Guilford, Maryland.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 24 1951
REGISTRAR'S SIGNATURE: Carrington Williams, M.D.
25. FUNERAL DIRECTOR: Easton Sons
ADDRESS: Ellicott City, Md.

VS 150

93 D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

3

51 6505 51 6505

620
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): Gregory P Faros
2. DATE OF DEATH: July 23rd 51

3. PLACE OF DEATH:
A. Baltimore City, Maryland 5723 York Rd
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —
C. Length of stay in Baltimore: 30 YRS - (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto Md 27-48
D. STREET ADDRESS (If rural, give location): 5723 York Rd.

5. SEX: M.
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: ?
9. AGE (In years last birthday): 54. If Under 1 Year: Months — Days — If Under 24 Hours: Hours — Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Store Keeper
10B. KIND OF BUSINESS OR INDUSTRY: Confectionery
11. BIRTHPLACE (State or foreign country): Greece
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Peter Faros
14. MOTHER'S MAIDEN NAME: Unknown —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): YES
(If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.: —
17. INFORMANT: James Faros ADDRESS: 5723 York Rd

MEDICAL CERTIFICATION

18. 420.1

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) Coronary Thrombosis
DUE TO
(B) angina Pectoris — 5 yrs
DUE TO
(C) Emphysema Lung Fibrosis — 10 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 2, 1946 *to* July 23, 1951, *that I last saw the deceased alive on* July 21, 1951, *and that death occurred at* 4:40 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: E. H. Jonas M. D.
23B. ADDRESS: 78 Mt Royal Ave
23C. DATE SIGNED: July 23 51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-25-51
24C. NAME OF CEMETERY OR CREMATORY: Greek Cemetery
24D. LOCATION (City, town, or county) (State): Windsor Mill Rd

DATE RECEIVED BY LOCAL REGISTRAR: JUL 25 1951
REGISTRAR'S SIGNATURE: Curtis T. Williams, M.D.
25. FUNERAL DIRECTOR: Lambros Inc
ADDRESS: 440 E. North Ave

VS 150

2906A 94a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Enter each item in its proper space. Be sure to give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 6506
JL - 150648

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6506
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

1. NAME OF DECEASED (Type or Print): James William Jones

2. DATE OF DEATH: 7-24-51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Ea tern Ave.
C. Length of stay in Baltimore 32 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 26-07
D. STREET ADDRESS (If rural, give location): 4700 Eastern Ave.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Wid.
8. DATE OF BIRTH: June 6, 1880
9. AGE (In years last birthday): 71 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hospital Worker
10B. KIND OF BUSINESS OR INDUSTRY: Bal
11. BIRTHPLACE (State or foreign country): Ky.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: Margaret Biddle
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: ?
17. INFORMANT: B. C. H. Records
ADDRESS: 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: over 1 yr.
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Hypertensive Cardio Vascular Disea e — over 1 yr.

19A. DATE OF OPERATION: ?
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [Yes] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-22-51, 19__, *to* July 24, 19 51 *that I last saw the deceased alive on* July 24, 19 51 *and that death occurred at* 5.20 Pm *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: 4940 Eastern Ave.
23C. DATE SIGNED: 7-24-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: July 27-51
24C. NAME OF CEMETERY OR CREMATORY: New Castle
24D. LOCATION (City, town, or county) (State): New Castle Pa.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 25 1951
REGISTRAR'S SIGNATURE: Carrington Williams, M.D.
25. FUNERAL DIRECTOR: Saunders Funeral Home Inc
ADDRESS: 440 - East North Ave.

VS 150

73087
13B

230 51 6507

51 6507

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): BLANCH HARTMAN HECHT

2. DATE OF DEATH: July 24/1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland 7310 Park Heights Ave
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —
C. Length of stay in Baltimore: Life time (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Balto. Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto Md. 27-20
D. STREET ADDRESS (If rural, give location): 7310 Park Heights Ave

5. SEX: Female
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify):
8. DATE OF BIRTH: Oct 15 1878
9. AGE (In years last birthday): 72 — If Under 1 Year: Months 9, Days 9; If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto Md —
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Emanuel Hartman
14. MOTHER'S MAIDEN NAME: Strauss

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Moses S Hecht — ADDRESS: 7310 Park Heights Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — 4-20.1

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 30 minutes

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertension — 10 years

DUE TO

(C) Arteriosclerosis — 10 years

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Coronary thrombosis — 5 years

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 7/24 *1951, to* 7/24 *1951, that I last saw the deceased alive on* 7/24 *1951, and that death occurred at* 4 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: Alan Bernstein M. D.
23B. ADDRESS: 1109 N Calvert St (2)
23C. DATE SIGNED: 7/24/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Vault
24B. DATE: July 25/1951
24C. NAME OF CEMETERY OR CREMATORY: Balto Hebrew
24D. LOCATION (City, town, or county) (State): Belair Ave

DATE RECEIVED BY LOCAL REGISTRAR: JUL 25 1951
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Nathan Bandler & Son
ADDRESS: 1502 Eutaw Pl

JUL 150

94a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1950
72
1878

A-200 51 6508 51 6508

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Marie J. Ashe

2. DATE OF DEATH: 7/24/51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sinai Hospital
C. Length of stay in Baltimore: life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. Md. 6-02
D. STREET ADDRESS (If rural, give location): 220 N. Glover Street

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 17, 1898
9. AGE (In years last birthday): 52
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10B. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Herman Wacker
14. MOTHER'S MAIDEN NAME: Jennie Balk

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Benjamin Ashe
ADDRESS: 220 N. Glover Street

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Suppurative Pyelonephritis — INTERVAL BETWEEN ONSET AND DEATH: Several days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Renal Calculosis — Months

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Obesity

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 23, 1951, *to* July 24, 1951, *that I last saw the deceased alive on* July 24, 1951, *and that death occurred at* 1:55 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Leon E. Kassel M. D.
23B. ADDRESS: Sinai Hospital
23C. DATE SIGNED: 7/24/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: July 27/51
24C. NAME OF CEMETERY OR CREMATORY: Baltimore Cem.
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 25 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Philip Herwig Sons
ADDRESS: 2024 Orleans St.

VS 150

134a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given if possible. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

325 51 6509

51 6509

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): John W. Getzinger

2. DATE OF DEATH: 7/24/51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5307 Beaufort Ave.
C. Length of stay in Baltimore (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-18
D. STREET ADDRESS (If rural, give location): 5307 Beaufort Ave.

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Nov. 6, 1879
9. AGE (In years last birthday): 71 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steam fitter
10B. KIND OF BUSINESS OR INDUSTRY: Miscl. Contracts
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John W. Getzinger
14. MOTHER'S MAIDEN NAME: Lena Ulrich

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): -
(If yes, give war or dates of service): -
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Anne Fitzhugh — ADDRESS: 1108 Battery Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Sudden

DUE TO

ANTECEDENT CAUSES

(B) Arteriosclerosis — ?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

420.1

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/15, 1951, *to* 7/24, 1951, *that I last saw the deceased alive on* 7/15, 1951, *and that death occurred at* 6 4 m., *from the causes and on the date stated above.*

23A. SIGNATURE: Joseph S. Blum M. D.
23B. ADDRESS: 1115 N. Calvert St.
23C. DATE SIGNED: 7/24/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/27/51
24C. NAME OF CEMETERY OR CREMATORY: Western Cem.
24D. LOCATION (City, town, or county) (State): Edmondson Ave.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 25 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: John F. Denny, Inc. — ADDRESS: 715 Light St.

VS 150 -30 94a

57424

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R 163

51 6510

51 6510

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MR GEORGE ROBERTS

2. DATE OF DEATH: 7/23/51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 40 ST. AGNES HOSPITAL
C. Length of stay in Baltimore: 92 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 21-02
D. STREET ADDRESS (If rural, give location): 1228 S. CAREY ST.

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: Dec 6 1858
9. AGE (in years last birthday): 92 | If Under 1 Year: Months: Days | If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JOSEPH ROBERTS
14. MOTHER'S MAIDEN NAME: ELIZABETH ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: WIFE SOPHIE ROBERTS ADDRESS: SAME

MEDICAL CERTIFICATION

18. 704.1

CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Toxemia

DUE TO

(B) Pemphigus Vulgaris

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/16, 1951, *to* 7/23, 1951, *that I last saw the deceased alive on* 7/23, 1951, *and that death occurred at* 10:20 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE: Harry L. Kemp M. D.
23B. ADDRESS: St Agnes Hosp.
23C. DATE SIGNED: 7/23/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: July 26 1951
24C. NAME OF CEMETERY OR CREMATORY: Loudon Pk
24D. LOCATION (City, town, or county): Balto (State): Md

DATE RECEIVED BY LOCAL REGISTRAR: JUL 25 1951
REGISTRAR'S SIGNATURE: Lincoln Williams M.D.
25. FUNERAL DIRECTOR: A. Howard Edwards
ADDRESS: 1400 Charles St

VS-150

153

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-230

51 6511

51 6511

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Robert Rost

2. DATE OF DEATH: July 23, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 21-0
D. STREET ADDRESS (If rural, give location): 712 Carroll Street

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Aug 21, 1880
9. AGE (In years last birthday): 70 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Balto Street & Sanitary Dept
11. BIRTHPLACE (State or foreign country): Balto
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Rost
14. MOTHER'S MAIDEN NAME: Dont know

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs Marie Rollins — ADDRESS: 758 Carroll St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) possible bronchopneumonia

DUE TO

(B) cerebrovascular accident

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

331 X

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 16, 1951, *to* July 23, 1951 *that I last saw the deceased alive on* July 23, 1951, *and that death occurred at* 6 59 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Fr Kennedy Skipton M. D.
23B. ADDRESS: University Hosp.
23C. DATE SIGNED: July 23, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: July 24, 1951
24C. NAME OF CEMETERY OR CREMATORY: Cedar Hill
24D. LOCATION (City, town, or county) (State): A. A. Co.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 25 1951
REGISTRAR'S SIGNATURE: Lurington Williams, M.D.
25. FUNERAL DIRECTOR: A. Haugh & Son
ADDRESS: 1400 S Charles St

VS 150

9705G

83a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

P-500

CERTIFICATE CORRECTED 7-10-52

51 6512

51 6512

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Sarah Camma, SERAFINA TORTORICI

2. DATE OF DEATH July 24 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland 3802 Old York Rd.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 7-01
D. STREET ADDRESS (If rural, give location) 3802 Old York Rd.

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH April 30 1865
9. AGE (In years last birthday) 86
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Caprileone Italy
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Ignazio Tortorici
14. MOTHER'S MAIDEN NAME Rosa Ipsaro

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Carl Camma (Son) ADDRESS 3802 Old York Rd.

MEDICAL CERTIFICATION

18. 420.1

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Occlusion — 10 hours

DUE TO

(B) Coronary Disease Myocardial Damage — unknown

DUE TO

(C) Arteria - Sclerosis — Unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* December 11 1948, *to* July 24, 1951, *that I last saw the deceased alive on* July 24, 1951, *and that death occurred at* 8 15 A. *m., from the causes and on the date stated above.*

23A. SIGNATURE Philibert Artigiani M. D.
23B. ADDRESS 2942 E. Fayette St.
23C. DATE SIGNED July 25/51

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE July 28 1951
24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Ceme.
24D. LOCATION (City, town, or county) (State) 4430 Belair Rd. Balt. Md.

DATE RECEIVED BY LOCAL REGISTRAR JUL 25 1951
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
26. FUNERAL DIRECTOR Frank E. Wellslower
ADDRESS 322 S. High St.

93D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

U-200

51 6513

51 6513

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Joseph P. Shock

2. DATE OF DEATH: July 23, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3323 Beech Avenue
C. Length of stay in Baltimore: 63 years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 13-06
D. STREET ADDRESS (If rural, give location): 3323 Beech Avenue

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 22, 1875
9. AGE (In years last birthday): 76
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10B. KIND OF BUSINESS OR INDUSTRY: Balto. National Bank
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: John Shock
14. MOTHER'S MAIDEN NAME: Ella Whitcomb

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Yes
(If yes, give war or dates of service): Spanish-American
16. SOCIAL SECURITY NO.: 216-14-1298
17. INFORMANT: Mrs. Elsie A. Shock
ADDRESS: 3323 Beech Avenue

MEDICAL CERTIFICATION

18. 443X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral hemorrhage — week
DUE TO
(B) Hypertensive cardio-vascular disease — year
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 21 July *,* 1951 *, to* 23 July *,* 1951 *, that I last saw the deceased alive on* 21 July *,* 1951 *, and that death occurred at* 2:15 P. *m., from the causes and on the date stated above.*

23A. SIGNATURE: John V. Barnaby M. D.
23B. ADDRESS: 1531 E North Ave
23C. DATE SIGNED: 24 July 51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: July 26, 1951
24C. NAME OF CEMETERY OR CREMATORY: Druid Ridge
24D. LOCATION (City, town, or county) (State): Pikesville, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: JUL 25 1951
REGISTRAR'S SIGNATURE: Winfield Wilhelm, M.D.
25. FUNERAL DIRECTOR: Burgee Funeral Home
ADDRESS: 3631 Falls Road
Horace F. Burgee

VS 150

93D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be ca[illegible] by supplier. The correct age is especially important. Physicians: please write the causes of death clearly and legi[illegible].

S-535

51 6514

ORA 310

51 6514

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Orazio Santoneceta

2. DATE OF DEATH: 7-25-51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lutheran Hosp. of Md.
C. Length of stay in Baltimore: 33 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-34
D. STREET ADDRESS (If rural, give location): 3813 Bayonne ave #6

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widower
8. DATE OF BIRTH: Nov. 23, 1886
9. AGE (In years last birthday): 64
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Janitor
10B. KIND OF BUSINESS OR INDUSTRY: automobile
11. BIRTHPLACE (State or foreign country): Italy
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Alfio Santoneceta ? (R)
14. MOTHER'S MAIDEN NAME: Benedetta Fiamingo

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 216-10-0290
17. INFORMANT: Pauper
ADDRESS: home

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

Yr. 1

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) cerebrovascular accident — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

DUE TO

(B) arteriosclerotic cardio vascular d. — INTERVAL BETWEEN ONSET AND DEATH: —

DUE TO

(C) — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-16, 1951, *to* 7-25, 1951, *that I last saw the deceased alive on* 7-24, 1951, *and that death occurred at* 2^45 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: Chas M Beck M.D.
23B. ADDRESS: Lutheran Hosp.
23C. DATE SIGNED: 7-25-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: July 28 1951
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cemetery
24D. LOCATION (City, town, or county) (State): 4430 Belair Rd. Balt. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 25 1951
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Frank Wells Rice
ADDRESS: 322 S. High St.

VS 150

7706J

93

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 6515

D-426

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6515

Registered No.

1. NAME OF DECEASED (Type or Print): Mary Celeste Belcher

2. DATE OF DEATH: July 22-1951

3. PLACE OF DEATH: A. Baltimore City, Maryland 3143 Keswick Rd

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —

C. Length of stay in Baltimore: Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY
3143 Keswick Road

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto - Md. 13-05

D. STREET ADDRESS (If rural, give location): 3143 Keswick Road -

5. SEX: F

6. COLOR OR RACE: W -

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept 13-1876

9. AGE (In years last birthday): 75

If Under 1 Year: Months Days

If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Parks

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —

(If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Mrs Sadie May Sutz ADDRESS: 3143 Keswick Road

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 443X

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive cardiovascular disease — INTERVAL BETWEEN ONSET AND DEATH: year

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 28 Feb, 1951, *to* 22 July, 1951 *that I last saw the deceased alive on* 28 Feb, 1951, *and that death occurred at* 2 00 p m., *from the causes and on the date stated above.*

23A. SIGNATURE: John H Barnaby M. D.

23B. ADDRESS: 1531 E North Ave

23C. DATE SIGNED: 24 July 51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: July 25-51

24C. NAME OF CEMETERY OR CREMATORY: Oakland

24D. LOCATION (City, town, or county) (State): Balto Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 25 1951

REGISTRAR'S SIGNATURE: Huntington Williams M.D.

25. FUNERAL DIRECTOR: Maurice C. Syfer

ADDRESS: 1600 W. North Ave. 931

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 6516

BIRTH NO. 615

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 6516

1. NAME OF DECEASED (Type or Print): GUSTAV J. PROVENZA

2. DATE OF DEATH: July 24, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital
C. Length of stay in Baltimore (Yrs. Mos. Days): Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 11-02
D. STREET ADDRESS (If rural, give location): 1 W. Biddle Street

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: Jany 29-1915
9. AGE (In years last birthday): 36
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10B. KIND OF BUSINESS OR INDUSTRY: ?
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Vincent Provenza
14. MOTHER'S MAIDEN NAME: Rose Cimino

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.:
17. INFORMANT: Vincent Provenza
ADDRESS: 109 Smithwood Ave

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. E978X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Fracture of skull
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 1 W. Biddle Street - sidewalk
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): July 24, 1951 8:30 A.m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? Jumped from 2nd floor window to ground

22. *I certify that I took charge of the remains described above, held an* inspection & inquiry *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☐, *suicide* ☒, *homicide* ☐, *undetermined* ☐.
(Autopsy, Inspection or Inquiry)

23A. SIGNATURE: Stanley V. Duncan M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: July 24, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: January 27-51
24C. NAME OF CEMETERY OR CREMATORY: Lorraine
24D. LOCATION (City, town, or county) (State): Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 25 1951
REGISTRAR'S SIGNATURE: Clinton Williams M.D.
25. FUNERAL DIRECTOR: George A. Fowler
ADDRESS: 164 E. Fulton Ave & Fayette St.

VS 151

N-803X

49099

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 6517

W-410

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6517

Registered No.

1. NAME OF DECEASED (Type or Print): ELLEN A. WOLF

2. DATE OF DEATH: July 22, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Agnes Hospital
C. Length of stay in Baltimore (Yrs. Mos. Days): Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 20-05
D. STREET ADDRESS (If rural, give location): 2623 Wilkins Avenue

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 2-1914
9. AGE (In years last birthday): 36 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Inspector
10B. KIND OF BUSINESS OR INDUSTRY: Pittsburg GlassCo
11. BIRTHPLACE (State or foreign country): Baltimore Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Francis McGuire (M)
14. MOTHER'S MAIDEN NAME: Mary E. Frey

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No.
(If yes, give war or dates of service): -----
16. SOCIAL SECURITY NO.: 215-03-3462
17. INFORMANT: George W. McGuire . ADDRESS: 2623 Wilkens

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Interstitial myocarditis
DUE TO

ANTECEDENT CAUSES
(B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from:* natural causes [X], accident [ ], suicide [ ], homicide [ ], undetermined [ ].

23A. SIGNATURE: R B Fisher M.D.
23B. CHIEF MEDICAL EXAMINER [X] ASSISTANT MEDICAL EXAMINER [ ] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: July 23, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: July 25/51
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore Maryland

DATE RECEIVED BY LOCAL REGISTRAR: JUL 25 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: F. B. Wippert & Son
ADDRESS: F. B. WIPPERT & SON 1300 EUTAW PLAC

VS 151

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93 D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

N623 51 6518

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6518

Registered No.

1. NAME OF DECEASED (Type or Print): WRIGHT, MARY ELIZA.

2. DATE OF DEATH: 7/21/51

3. PLACE OF DEATH: A. Baltimore City, Maryland Providence Hosp.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1514 Dukeman St

C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: 305 N. Arlington Ave.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore, Md. 18-02
D. STREET ADDRESS (If rural, give location)

5. SEX: F
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH: June 8, 1878
9. AGE (In years last birthday): 73yrs
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Randolph Bell
14. MOTHER'S MAIDEN NAME: Catherine Bellow

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Mary Wright-733 Dolphin St (D inLaw)
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Debility - emaciation - dehydration — INTERVAL BETWEEN ONSET AND DEATH: ?

DUE TO Arteriosclerosis - anemia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Related to fracture Rt femur & Fibula

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CERTIFICATION APPROVED BY

M. D.

CHIEF OR ASST. MEDICAL EXAMINER.

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): Contributing
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 305 N. Arlington Ave.
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): 7/10/51 m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21F. HOW DID INJURY OCCUR? Fall from 5th floor. Window to ground

22. I hereby certify that I attended the deceased from 7/10/51, 19__, to 7/21/51, 19__, that I last saw the deceased alive on 7/20/51, 19__, and that death occurred at 3:55 A.M., from the causes and on the date stated above.

23A. SIGNATURE: John W. Kenny M. D.
23B. ADDRESS: Providence Hosp.
23C. DATE SIGNED: 7/23/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: 7/25/51
24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn Cemetery
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 25 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Chas. G. Cooper-512 Carrollton Ave
ADDRESS

VS 150

N-823.0

6507 97

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 6519 51 6519

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. D-150 Registered No.

1. NAME OF DECEASED (Type or Print): Janie F Abney
2. DATE OF DEATH: 7-24-51
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1230 S. Ellwood Ave
C. Length of stay in Baltimore: Yrs. 50 ~~Mos.~~ ~~Days~~
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto - Md. 1-01
D. STREET ADDRESS (If rural, give location): 1230 S. Ellwood Ave.
5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed.
8. DATE OF BIRTH: 11-17-74
9. AGE (In years last birthday): 76 If Under 1 Year: Months Days If Under 24 Hours: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Forloins.
14. MOTHER'S MAIDEN NAME: ? ?.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Linwood Abney ADDRESS: 2935 Hudson St.

MEDICAL CERTIFICATION

18. 33 2 X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Thrombosis — 3 days

DUE TO

(B) Chr. Endocarditis & Myocarditis ? Senile Arterio-Sclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 22, 1951, *to* July 24, 1951, *that I last saw the deceased alive on* July 24, 1951 *and that death occurred at* 8:00 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE: Omer Steinle M. D.
23B. ADDRESS: 1001 E Pratt St
23C. DATE SIGNED: 7/27/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-27-51
24C. NAME OF CEMETERY OR CREMATORY: Oak Lawn
24D. LOCATION (City, town, or county) (State): Balto - Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 25 1951
REGISTRAR'S SIGNATURE: Thurlow Williams, M.D.
25. FUNERAL DIRECTOR: Lilly + Zeiler ADDRESS: 403 S. Wolfe St.

VS 150

1951 06508 927

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Feinglos
Wadington v Pratt

51-16722

51 6520

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. D-452

1. NAME OF DECEASED (Type or Print): Baby Girl Dullinger

2. DATE OF DEATH: July 20, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital

C. Length of stay in Baltimore: 9 hr. 50 min. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 21, Essex
D. STREET ADDRESS (If rural, give location): 22 C Fenway South 5300

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: July 20, 1951
9. AGE (In years last birthday): If Under 1 Year: Months / Days; If Under 24 Hours: Hours 9, Min. 50
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Arthur George, Jr., Dullinger
14. MOTHER'S MAIDEN NAME: Elizabeth Ann Rollinger
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT
ADDRESS

MEDICAL CERTIFICATION

18. 762.5

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Asphyxia

DUE TO

ANTECEDENT CAUSES

(B) Prematurity

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 20, 1951, *to* July 20, 1951 *that I last saw the deceased alive on* July 20, 1951, *and that death occurred at* 9:15 P.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Vito L. Coppa M. D.
23B. ADDRESS: 1400 N. Caroline Street
23C. DATE SIGNED: 7-21-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-25-51
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer
24D. LOCATION (City, town, or county) (State): Balt Md

DATE RECEIVED BY LOCAL REGISTRAR: JUL 25 1951
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: L J Luck
ADDRESS: 5305 Harford Rd

VS 150

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159

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 6521

51 6521

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. P-362

1. NAME OF DECEASED (Type or Print): MAMIE B PATTERSON

2. DATE OF DEATH: July 22, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland A-2
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 727 HANOVER St. 22-01

5. SEX: FEMALE
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 12-8-95
9. AGE (In years last birthday): 55
If Under 1 Year: Months: Days:
If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H-W
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John H Barney
14. MOTHER'S MAIDEN NAME: Laura Morris

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: JOHNS HOPKINS HOSPITAL
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 570.5 and 174X

(A) intestinal obstruction — INTERVAL BETWEEN ONSET AND DEATH: ? 2 weeks

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) postopesative adhesions — ? 3 yrs

DUE TO

(C) leiomyosarcoma uterus — 1 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-16- 1951, *to* 7-22- 1951, *that I last saw the deceased alive on* 7-22- 1951, *and that death occurred at* 3½ A *m., from the causes and on the date stated above.*

23A. SIGNATURE: Lawrence R Thorton M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 7-22-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: July 26 51
24C. NAME OF CEMETERY OR CREMATORY: Mt Auburn
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: JUL 25 1951
REGISTRAR'S SIGNATURE: Martin Williams, M.D.
25. FUNERAL DIRECTOR: Isaiah L Brown & Son
ADDRESS: 108 W Montgomery St 108 W Montgomery St 48 B

VS 150

PLEASE WRITE PLAINLY, WITH INFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 6522
G530

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 6522
Registered No.

1. NAME OF DECEASED (Type or Print): Helen Virginia Gent

2. DATE OF DEATH: July 24, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1 S. Payson St.
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1 S. Payson St. 20-03

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 6, 1890
9. AGE (In years last birthday): 61 — If Under 1 Year: Months 2, Days 18, Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10B. KIND OF BUSINESS OR INDUSTRY: Home duties
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: George W. Pilson
14. MOTHER'S MAIDEN NAME: Mary Leibig
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nokoowo) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: George W. Gent — ADDRESS: 1 S. Payson St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Purpura, generalized — INTERVAL BETWEEN ONSET AND DEATH: 3 days
DUE TO
Felty's Syndrome
(B)
DUE TO
Rheumatoid Arthritis, severe, generalized — 20 yrs
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1 June, 1949, *to* 24 July, 1951, *that I last saw the deceased alive on* 23 July, 1951, *and that death occurred at* 4:10 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE: Emil H. Hennig Jr M.D.
23B. ADDRESS: 601 Winan Way
23C. DATE SIGNED: 24 July 51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/27/51
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Baltimore

DATE RECEIVED BY LOCAL REGISTRAR: JUL 25 1951
REGISTRAR'S SIGNATURE: Lillington Williams, M.D.
25. FUNERAL DIRECTOR: Fred A. Cole
ADDRESS: 1913 W. Baltimore St.

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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51 6523

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6523

Registered No.

BIRTH NO. H-651

1. NAME OF DECEASED (Type or Print): Katherine Harambas

2. DATE OF DEATH: 7-24-51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maryland General Hospital
C. Length of stay in Baltimore (Yrs. Mos. Days): unknown

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 739 Lexington St. 4-02

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH: 7-12-1891
9. AGE (In years last birthday): 60 — If Under 1 Year: Months / Days / Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Austria
12. CITIZEN OF WHAT COUNTRY? Austria

13. FATHER'S NAME: George
14. MOTHER'S MAIDEN NAME: Mary

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT: Michael Kozack — ADDRESS: 739 Lexington St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) A.S.C.V.D.

~~DUE TO~~

ANTECEDENT CAUSES
(B) Diabetes Mellitus

~~DUE TO~~

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(C) Gangrene left leg.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): —
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-14, 1951, *to* 7-24, 1951, *that I last saw the deceased alive on* 7-24, 1951, *and that death occurred at* 7:45 P. *m., from the causes and on the date stated above.*

23A. SIGNATURE: W. K. Grender M. D.
23B. ADDRESS: Md. Gen Hosp
23C. DATE SIGNED: 7-24-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/28/51
24C. NAME OF CEMETERY OR CREMATORY: St Peter's Cem.
24D. LOCATION (City, town, or county) (State): Moreland Ave

DATE RECEIVED BY LOCAL REGISTRAR: JUL 25 1951
REGISTRAR'S SIGNATURE: Lucretia Williams, M.D.
25. FUNERAL DIRECTOR: John J. Cowan & Son
ADDRESS: 901 St.

VS-150

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 6524

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6524

Registered No.

BIRTH NO. B-620

1. NAME OF DECEASED (Type or Print): Smallwood Bernice Burch.

2. DATE OF DEATH: 7/22/51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Johns Hopkins Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1527 E. Monument St. 7-05

5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: 10/5/18
9. AGE (In years last birthday): 32 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Norfolk Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Luther Burch
14. MOTHER'S MAIDEN NAME: Jamie Eason

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Jamie Burch ADDRESS: 1208 McCubbin

MEDICAL CERTIFICATION

18. 580X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hepatic necrosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Fatty infiltration of liver

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes* [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: R B Fisher M.D.
23B. CHIEF MEDICAL EXAMINER [XX] ASSISTANT MEDICAL EXAMINER [ ] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: July 23, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: July 26-51
24C. NAME OF CEMETERY OR CREMATORY: Mt Calvary Cem
24D. LOCATION (City, town, or county) (State): A. A. Co. Md

DATE RECEIVED BY LOCAL REGISTRAR: JUL 25 1951
REGISTRAR'S SIGNATURE: Lawrence Williams
25. FUNERAL DIRECTOR: Robert Williams ADDRESS: 1515 McElderry St

VS 151

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PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO. 51 6525 D-620

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 6525

1. NAME OF DECEASED (Type or Print): Drega, Rita Catherine

2. DATE OF DEATH: July 24, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR ~~INSTITUTION~~ (If not in hospital or institution, give street address or location): St. Joseph's
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1423 N. Linwood Ave.

5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 23, 1920
9. AGE (In years last birthday): 31 — If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hwife.
10B. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John Zamenski
14. MOTHER'S MAIDEN NAME: Stella Gegorek
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Walter Drega — ADDRESS: 1423 N. Linwood Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma, ovary, bilateral
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Uremia

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) m. OF INJURY
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 28, 1951, *to* July 24, 1951, *that I last saw the deceased alive on* July 24, 1951, *and that death occurred at* 8:45 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE: Armando Saavedra M. D.
23B. ADDRESS: 1400 N. Caroline St.
23C. DATE SIGNED: July 24, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: July 27-1951
24C. NAME OF CEMETERY OR CREMATORY: Holy Cross
24D. LOCATION (City, town, or county) (State): A. A. Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 25 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. S. Finkowski
ADDRESS: 2007 Eastern Ave

VS 150

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1951 0 0 6 5 1 4

51 6526

51 6526

BIRTH NO. D-626

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): JOHN CHARLES DRESCHER

2. DATE OF DEATH: July 24, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): The Union Memorial Hospital Baltimore, Md.
C. Length of stay in Baltimore: 61 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 26-44
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3634 E. Roberts Place, Balto 24, Md.

5. SEX: M
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: June 24, 1895
9. AGE (In years last birthday): 56
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): engineer
10B. KIND OF BUSINESS OR INDUSTRY: Emerson Hotel
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: GEORGE DRESCHER
14. MOTHER'S MAIDEN NAME: EVA TEEIS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): ~~unknown~~ YES
(If yes, give war or dates of service): W.W. I
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. Thomas W. Drescher
ADDRESS: 3604 E. Fayette St Balto

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cirrhosis of the liver — INTERVAL BETWEEN ONSET AND DEATH: ?
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Obesity

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 25, 1951, to July 24, 1951, that I last saw the deceased alive on July 24, 1951, and that death occurred at 9:14 A.m., from the causes and on the date stated above.

23A. SIGNATURE: Alfred S. Nelson M. D.
23B. ADDRESS: Union Memorial Hospital Baltimore 18, Maryland
23C. DATE SIGNED: July 24, 1951

24A. BURIAL, ~~CREMATION, REMOVAL~~ (Specify): Burial
24B. DATE: 7-27-51
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer
24D. LOCATION (City, town, or county) (State): 4430 Belair Rd.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 25 1951
REGISTRAR'S SIGNATURE: Lurlington Williams M.D.
25. FUNERAL DIRECTOR: Schumacher Funeral Home
ADDRESS: 2601 E. Madison St

VS 150

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PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

D-500 51 6527

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6527

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Thomas Dunn

2. DATE OF DEATH: July 21, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JNO. HOPKINS HOSPITAL
C. Length of stay in Baltimore: 3 YEARS (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If in institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 17-02
D. STREET ADDRESS (If rural, give location): 1034 Argyle Ave.

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 7-16-92
9. AGE (In years last birthday): 59
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER
10B. KIND OF BUSINESS OR INDUSTRY: FARM
11. BIRTHPLACE (State or foreign country): EMPORIA, VA.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Richard Dunn
14. MOTHER'S MAIDEN NAME: Lizzie Jackson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: (NAME NOT LEGIBLE) ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cholemia — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

(B) Cirrhosis of Liver

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Pulmonic Obstruction

19A. DATE OF OPERATION: 7-21-51
19B. MAJOR FINDINGS OF OPERATION: Pulmonic Obstruction
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-13, 1951, *to* 7-21, 1951, *that I last saw the deceased alive on* 7-21, 1951, *and that death occurred at* 8:06 *p.m., from the causes and on the date stated above.*

23A. SIGNATURE: Raney Williams M. O.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 7-22-51

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 7-26-51.
24C. NAME OF CEMETERY OR CREMATORY: MT. AUBURN
24D. LOCATION (City, town, or county) (State): BALTIMORE, MD.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 26 1951
REGISTRAR'S SIGNATURE: Lillington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. A. JACKSON
ADDRESS: 916 PENNA. AVE

VS 150

$2.00 124B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

420

PeLc

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6528 BIRTH NO.

Registered No. 51 6528

1. NAME OF DECEASED (Type or Print) CATHERINE PELC (KATARZYNA)

2. DATE OF DEATH 7-24-51

3. PLACE OF DEATH: A. Baltimore City, Maryland 826 S. Milton Ave

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) —

C. Length of stay in Baltimore 45 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY

C. CITY OR TOWN Balto. (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location) 826 S. Milton Ave.

1-04

5. SEX F. 6. COLOR OR RACE W. 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH 8-15-1888 9. AGE (In years last birthday) 63 If Under 1 Year: Months Days If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife 10B. KIND OF BUSINESS OR INDUSTRY Home 11. BIRTHPLACE (State or foreign country) Poland 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Paul Regula 14. MOTHER'S MAIDEN NAME Angelia Magiera

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) — (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT Mr. Martin J. Pelc ADDRESS 826 S. Milton Ave.

MEDICAL CERTIFICATION

18. 443X

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) Pulmonary oedema

DUE TO

(B) Hypertensive Cardio Vascular Disease

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0 — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) — 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. — 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. *, 19*49*, to* July *, 19*51*, that I last saw the deceased alive on* July 23*, 19* 51*, and that death occurred at* 7.20 *m., from the causes and on the date stated above.*

23A. SIGNATURE Melvin Somelsi M. D. — 23B. ADDRESS 3711 Eastern Ave — 23C. DATE SIGNED 7/24/51

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial — 24B. DATE 7-28-51 — 24C. NAME OF CEMETERY OR CREMATORY St. Stanislaus — 24D. LOCATION (City, town, or county) (State) Dundalk Ave.

DATE RECEIVED BY LOCAL REGISTRAR JUL 26 1951 — REGISTRAR'S SIGNATURE Curtis Williams, M.D. — 25. FUNERAL DIRECTOR John J. Duda, Inc. — ADDRESS 2829 Hudson St.

VS 150

1951 0 0 6 5 1 7

937

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

#1444 - 2.120

M-250

51 6529 B.C.-51-17196

MUSIANI

51 6529

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Baby Boy Musiani

2. DATE OF DEATH: 7-25-57

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hosp.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto
D. STREET ADDRESS (If rural, give location): 1545 W. 42nd St. 13-08

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): S.
8. DATE OF BIRTH: 7-24-57
9. AGE (In years last birthday): If Under 1 Year: Months / Days: 1 / If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Fred Musiani
14. MOTHER'S MAIDEN NAME: Mauana Rabette

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Charles Rabette
ADDRESS: 1345 W 42nd St

MEDICAL CERTIFICATION

18. 762.5

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) ~~Prematurity~~ Atelectasis

DUE TO

(B) Prematurity

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-24, 1957, *to* 7-25, 1957 *that I last saw the deceased alive on* 7-21, 1957, *and that death occurred at* 8:20 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: J. Hedine M.D.
23B. ADDRESS: Mercy Hosp.
23C. DATE SIGNED: 7-25-57

24A. BURIAL, CREMATION, REMOVAL (Specify): ~~July 29~~
24B. DATE: July 29/57
24C. NAME OF CEMETERY OR CREMATORY: Harbaugh's
24D. LOCATION (City, town, or county) (State): Waynesboro, Pa

DATE RECEIVED BY LOCAL REGISTRAR: JUL 26 1957
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Austin E. Donovan
ADDRESS: 3818 Roland Ave

VS 150

5 1 0 0 6 5 1 8

159

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

N 451 452 6530

CERTIFICATE CORRECTED 8-7-51

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6530

BIRTH NO.

1. NAME OF DECEASED (Type or Print): WILLIAM WILLIAMS

2. DATE OF DEATH: July 23, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Provident Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1030 N. Caroline Street

10-01

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 1, 1892
9. AGE (In years last birthday): 59 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): South Carolina
12. CITIZEN OF WHAT COUNTRY? U. S. A

13. FATHER'S NAME: Charles Williams
14. MOTHER'S MAIDEN NAME: Josephine ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Lucille Reed — ADDRESS: 1031 N. Caroline St.

MEDICAL CERTIFICATION

18. E983.5

CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Fracture of skull

~~DUE TO~~

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Subdural hemorrhage

~~DUE TO~~

(C) Laceration of brain

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Street
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Pennsylvania Ave. & Hoffman St.
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): July 21, 1951 1:30 A.m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR? Apparently fell to ground after altercation — ~~Apparent fell to ground~~

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [ ], *accident* [ ], *suicide* [ ], *homicide* [✓], *undetermined* [ ].

23A. SIGNATURE: Stanley S. Dunlacher M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: July 24, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-27-51
24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn Cem
24D. LOCATION (City, town, or county) (State): Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 26 1951
REGISTRAR'S SIGNATURE: Lurington Williams, M.D.
25. FUNERAL DIRECTOR: Frances T. Hensley — ADDRESS: 578 W. Biddle St.

VS 151

N 803.2 97-99 6 5 168

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

D.O.A MED EXAM. CASE RELEASED TO HOSP.

51 6531

51 6531

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. P-240

1. NAME OF DECEASED (Type or Print): HENRY PUESCHEL

2. DATE OF DEATH: July 24, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 622 N. ELLWOOD AVE 7-01

5. SEX: MALE
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: Dec 17/1872
9. AGE (In years last birthday): 78
If Under 1 Year: Months | Days
If Under 24 Hours: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Statuary Engr
10B. KIND OF BUSINESS OR INDUSTRY: Monume Temple
11. BIRTHPLACE (State or foreign country): Balto
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Don't Know
14. MOTHER'S MAIDEN NAME: Mueller

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: JOHNS HOPKINS HOSPITAL
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Hypertension C. V. D. — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs.
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

CERTIFICATION APPROVED BY
Stanley H. Dudrahm M. D.
CHIEF OR ASST. MEDICAL EXAMINER

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* DOA *19__, to* DOA *19__, that I last saw the deceased alive on* DOA *19__, and that death occurred at* 10:20 *a.m., from the causes and on the date stated above.*

23A. SIGNATURE: J. Karl Grossman M.D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL 1212 E. Eager Ave
23C. DATE SIGNED: 7/25/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: July 27/51
24C. NAME OF CEMETERY OR CREMATORY: Parkwood
24D. LOCATION (City, town, or county) (State): Balto

DATE RECEIVED BY LOCAL REGISTRAR: JUL 26 1951
REGISTRAR'S SIGNATURE: Winter for Williams, M.D.
25. FUNERAL DIRECTOR: Ullrich Funeral Home
ADDRESS: 2008 Chelsea

VS 150

5838X

93D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 6532 51 6532

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. M-563 Registered No.

1. NAME OF DECEASED (Type or Print): Mary J. Mummert
2. DATE OF DEATH: 7/24/51
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South Baltimore General Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: Maryland B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 6420 Holabird Ave. 26-36
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 12/21
9. AGE (In years last birthday): 65 If Under 1 Year: Months Days If Under 24 Hours: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Andrew Stacks
14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Paul Mummert ADDRESS: 6420 Holabird

MEDICAL CERTIFICATION

18. 420.1

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 4 minutes

DUE TO

ANTECEDENT CAUSES

(B) Coronary Artery Sclerosis — 3 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Subacute Cholecystitis & Cholelithiasis — 2 yrs

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/12, 1951, *to* 7/24, 1951, *that I last saw the deceased alive on* 7/24, 1951, *and that death occurred at* 9:55 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE: W M Conway M. D.
23B. ADDRESS: 1213 Light St.
23C. DATE SIGNED: 7/24/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: July 28/51
24C. NAME OF CEMETERY OR CREMATORY: St Stanislaus
24D. LOCATION (City, town, or county) (State): Balto

DATE RECEIVED BY LOCAL REGISTRAR: JUL 26 1951
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Ullul Funeral Home ADDRESS: 2112 Dundalk

VS 150

1951 00 6521 94a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 6533

JUL 131851

BIRTH NO. T 600

51 6533

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): Thomas True

2. DATE OF DEATH: 7-25-51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.
C. Length of stay in Baltimore 39 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): Homeless- B. C. H. Infirmary 76-12

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: April 8, 1877
9. AGE (In years last birthday): 74 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John
14. MOTHER'S MAIDEN NAME: Sarah Ellis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: B. C. H. Records
ADDRESS: 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 420.1

(A) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 days

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-14-49, 19__, *to* July 25, 19 51 *that I last saw the deceased alive on* July 25, 19 51 *and that death occurred at* 6.15AM *from the causes and on the date stated above.*

23A. SIGNATURE: R. S. Rogers M. D.
23B. ADDRESS: 4940 Eastern Ave.
23C. DATE SIGNED: 7-25-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: July 28, 1951
24C. NAME OF CEMETERY OR ~~CREMATORY~~: Solomons Methodist
24D. LOCATION (City, town, or county) (State): Solomons, Md

DATE RECEIVED BY LOCAL REGISTRAR: JUL 28 1951
REGISTRAR'S SIGNATURE: Interator Williams, M.D.
25. FUNERAL DIRECTOR: A. A. Hackney & Son - Mutual, Md
ADDRESS:

VS 150

94a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 652
51 6534

51 6534

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): AMBROSIO FRANCO

2. DATE OF DEATH: JULY 25 1951

3. PLACE OF DEATH: A. Baltimore City, Maryland — Med MB6-1

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Colombia S. A.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CARTAGENA 7-05
D. STREET ADDRESS (If rural, give location):

5. SEX: MALE
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: 3-19-87
9. AGE (In years last birthday): 64 — If Under 1 Year: Months Days — If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ?
10B. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Col. S. A.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Ambrosio Franco
14. MOTHER'S MAIDEN NAME: Rosa Pombo

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: JOHNS HOPKINS HOSPITAL — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C) Hypertensive cardio-vascular disease

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-19-, 1951, to 7-25-, 1951, that I last saw the deceased alive on 7-25-, 1951, and that death occurred at 3 40 A m., from the causes and on the date stated above.

23A. SIGNATURE: Lloyd Martin M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 7-25-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/26/51
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: JUL 26 1951
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Clarence F. Hoffmann — ADDRESS: 1639 Broadway

VS 150

PLEASE WRITE FIRMLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5 1 0 0 6 5 2 3 93D

R-210

51 6535

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6535

1. NAME OF DECEASED (Type or Print): MRS. ANNA RIGBY

2. DATE OF DEATH: 7-25-51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CHURCH HOME + HOSPITAL
c. Length of stay in Baltimore: LIFE (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE, MD.
D. STREET ADDRESS (If rural, give location): 3016 MARY AVE.

27 YR

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: 4-5-1903
9. AGE (In years last birthday): 48
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: CHARLES DEIGERT
14. MOTHER'S MAIDEN NAME: CATHERINE MILCHING

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: ROBERT RIGBY
ADDRESS: U.S. A.F.

MEDICAL CERTIFICATION

18. 152X

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) SARCOMA OF JEJUNEM — INTERVAL BETWEEN ONSET AND DEATH: 10 MOS

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 2-26-51
19B. MAJOR FINDINGS OF OPERATION: JEJUNAL MASS - SARCOMA.
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-17, 1951, *to* 7-25, 1951, *that I last saw the deceased alive on* 7-24, 1951, *and that death occurred at* 3:45 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: David T. Dawson M. D.
23B. ADDRESS: Church Home Hospital
23C. DATE SIGNED: 7-25-51.

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/28/51
24C. NAME OF CEMETERY OR CREMATORY: St Peters
24D. LOCATION (City, town, or county) (State): Fullerton Md

DATE RECEIVED BY LOCAL REGISTRAR: JUL 26 1951
REGISTRAR'S SIGNATURE: Lincoln Williams M.D.
25. FUNERAL DIRECTOR: Clarence F. Hoffmann
ADDRESS: 1639 Broadway

VS 150

1951 0006524 46E

PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

N 300
51 6536

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6536

1. NAME OF DECEASED (Type or Print): ANNE LUCAS Waddy

2. DATE OF DEATH: July 25, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Provident Hospital
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 915 Argyle Avenue

17-01

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 1887
9. AGE (In years last birthday): 63 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10B. KIND OF BUSINESS OR INDUSTRY: Private
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Wm. Waddy 915 Argyle Ave, ADDRESS

MEDICAL CERTIFICATION

18. 422.1

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection & Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from:* natural causes ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: Stanley K. Dunbaugh M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: July 25, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-27-51
24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 26 1951
REGISTRAR'S SIGNATURE: Winston Williams, M.D.
25. FUNERAL DIRECTOR: Wm. A. Jackson, ADDRESS: 916 Penna. Ave.

VS 151

7208A 0 6 5 3 5 93D

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

416

BLK-150490

51 6537

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 6537

1. NAME OF DECEASED (Type or Print): Samuel Glover

2. DATE OF DEATH: July 24, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Avenue
C. Length of stay in Baltimore: 28 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 15-03
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2100 Westwood Avenue(17)

5. SEX: male
6. COLOR OR RACE: negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Dec. 7, 1906
9. AGE (In years last birthday): 44
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Gas & Elect. Co
11. BIRTHPLACE (State or foreign country): South Carolina
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Samuel Glover
14. MOTHER'S MAIDEN NAME: Ella Mannigault
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Records: B.C.H. 4940 Eastern Avenue — ADDRESS

MEDICAL CERTIFICATION

1B. 593X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pneumonia Bilateral — INTERVAL BETWEEN ONSET AND DEATH: 3 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Nephritis — 6 mos.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/17, 1951, *to* 7/24, 1951, *that I last saw the deceased alive on* 7/24, 1951 *and that death occurred at* 11:10AM *m., from the causes and on the date stated above.*

23A. SIGNATURE: P. S. Cozen M. D.
23B. ADDRESS: 4940 Eastern Avenue
23C. DATE SIGNED: 7/25/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-28-51
24C. NAME OF CEMETERY OR CREMATORY: Arbutus Mem. Park
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 26 1951
REGISTRAR'S SIGNATURE: Curtis Gordon Williams, M.D.
25. FUNERAL DIRECTOR: Wm. A. Jackson
ADDRESS: 916 Lenna. Ave.

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

19 97055 6526

108

M 460
51 6538

51 6538

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Joseph C. Miller (Joseph Clackner Miller)

2. DATE OF DEATH: 25 July 57

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Univ. Hospital
C. Length of stay in Baltimore: 76 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Balt City
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore City
D. STREET ADDRESS (If rural, give location): 601 Edgevale Rd

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov 2, 1877
9. AGE (In years last birthday): 76
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired
10B. KIND OF BUSINESS OR INDUSTRY: Miller Sentry Drug Co. (W)
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Louis Miller
14. MOTHER'S MAIDEN NAME: Catherine Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 213-28-3101
17. INFORMANT: Daughter Mrs. Wm H. Long
ADDRESS: Winnetka, Ill.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

443X

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary Edema
DUE TO
(B) Arteriosclerosis Hypertensive C.V. Heart Disease
DUE TO
(C) Uremia

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: none
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH: No
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 14, 1957, *to* July 25, 1957 *that I last saw the deceased alive on* 7-25, 1957, *and that death occurred at* 12:15 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: Univ. Hosp. Balto, Md
23C. DATE SIGNED: 7-25-57

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: July-27-1951
24C. NAME OF CEMETERY OR CREMATORY: Greenmount Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore City, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 26 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Stewart & Mowen Co.
ADDRESS: 108 W. North Ave.

VS 150

City #. 93D

2906/6 5 2 7

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

E 200

BIRTH NO. 51 148160 6539

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 6539

1. NAME OF DECEASED (Type or Print): Louis B. Eck

2. DATE OF DEATH: July 25, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Baltimore
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals, 4940 Eastern Avenue
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 136 Bouldin St. (24)

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 21, 1905
9. AGE (In years last birthday): 46 — If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machist
10B. KIND OF BUSINESS OR INDUSTRY: Crown Cork & Seal
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Jake (D) Jacob Eck
14. MOTHER'S MAIDEN NAME: Elizabeth Flitch
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 216-09-0842
17. INFORMANT: Baltimore City Hospitals Records — ADDRESS: 4940 Eastern Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis — 2 days

DUE TO

ANTECEDENT CAUSES

(B) Hypertensive Cardiovascular Disease — over 1 yr.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Cerebral Thrombosis — over 9 mos.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-2, 1951 *to* 7-25, 1951, *that I last saw the deceased alive on* 7-25, 1951 *and that death occurred at* 1:30 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: G. S. Rogers M. D.
23B. ADDRESS: 4940 Eastern Avenue
23C. DATE SIGNED: 7-25-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-27-51
24C. NAME OF CEMETERY OR CREMATORY: Swartz
24D. LOCATION (City, town, or county) (State): Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 26 1951
REGISTRAR'S SIGNATURE: Hunter Williams, M.D.
25. FUNERAL DIRECTOR: John A. Moran
ADDRESS: 3000 E. Baltimore St.

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1954 82 0 6 5 2 0

93D

3 1650
51 6540

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6540

1. NAME OF DECEASED (Type or Print): MARY J. BROWN

2. DATE OF DEATH: JULY 23, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1135 Ward Street
C. Length of stay in Baltimore: Yrs. Mos. Days — Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore City
D. STREET ADDRESS (If rural, give location): 1135 Ward Street

21-02

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct 1- 1869
9. AGE (In years last birthday): 81
If Under 1 Year: Months: Days:
If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Baltimore Maryland
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: ~~Kate Mc Lee~~ Frank Wheeler
14. MOTHER'S MAIDEN NAME: Kate McLee

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No/
(If yes, give war or dates of service): ---- ------
16. SOCIAL SECURITY NO.: -------
17. INFORMANT: Mrs. Gladys Schmidt
ADDRESS: Helen St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Internal hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: —

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Intestinal obstruction — 10 days

DUE TO

(C) Carcinoma of colon — ?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 21, 1951, *to* July 23, 1951, *that I last saw the deceased alive on* July 21, 1951, *and that death occurred at* 1:30 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Geo. A. Wells. M. D.
23B. ADDRESS: 4100 Edmondson Ave.
23C. DATE SIGNED: 7/25/51

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: July 26/51
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore Maryland

DATE RECEIVED BY LOCAL REGISTRAR: JUL 26 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: F. B. Wippert & Son
ADDRESS: 46E

F.B.Wippert & Son 1300 Eutaw Pl.17

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-622

51 6541

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6541

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Frances M. Burgess

2. DATE OF DEATH: 7/24/51

3. PLACE OF DEATH: A. Baltimore City, Maryland 1272 Battery Ave

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: 1272 Battery Ave B. COUNTY: Balto. Md
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore. Md 24-09
D. STREET ADDRESS (If rural, give location): 1272 Battery Ave

5. SEX: F
6. COLOR OR RACE: Wh.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M.
8. DATE OF BIRTH: 6/28/1911
9. AGE (In years last birthday): 40
If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Wm. J. Hunt
14. MOTHER'S MAIDEN NAME: Clara C. Bahlmon

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mr Frank Burgess ADDRESS:

MEDICAL CERTIFICATION

18. 170 X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Breast (L).

DUE TO

(B) Generalized Metastases

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: about 15 mos ago.
19B. MAJOR FINDINGS OF OPERATION: Carcinoma - Breast.
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 10, 1951, *to* July 24, 1951, *that I last saw the deceased alive on* July 23, 1951, *and that death occurred at* 11:15 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: John A. Schewrick M. D.
23B. ADDRESS: 1337 S. Charles St.
23C. DATE SIGNED: 7/25/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/28/51
24C. NAME OF CEMETERY OR CREMATORY: Holy Cross.
24D. LOCATION (City, town, or county) (State): Ritchie Highway

DATE RECEIVED BY LOCAL REGISTRAR: JUL 26 1951
REGISTRAR'S SIGNATURE: Winfrey Williams, M.D.
25. FUNERAL DIRECTOR: J. J. Fahey Sons ADDRESS: 1318 Light

VS 150

1951 0 6530 50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-655

51 6542

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6542

Registered No.

1. NAME OF DECEASED (Type or Print): LOTTIE A. HERRMANN

2. DATE OF DEATH: July 25, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hosp. Baltimore, Md.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 18
D. STREET ADDRESS (If rural, give location): 611 A Greenway Apts.

12 02

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Jan 23, 1880
9. AGE (In years last birthday): 71
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: FRED SCHOENEWOLF
14. MOTHER'S MAIDEN NAME: AUGUSTA WESSELL

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Wm. A. Herrmann son ADDRESS: 5708 Park Heights Ave. Balto Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) cerebral vascular hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

(B) HASVD

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 22, 1951, *to* July 25, 1951, *that I last saw the deceased alive on* July 25, 1951, *and that death occurred at* 1:40 Am., *from the causes and on the date stated above.*

23A. SIGNATURE: Alfred S. Nelson M. D.
23B. ADDRESS: Union Memorial Hosp. Balto Md.
23C. DATE SIGNED: July 25, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/28/51
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 26 1951
REGISTRAR'S SIGNATURE: Hunter for Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Pickner & Sons
ADDRESS: 1583 Balto, Md.

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F-623

51 6543

BIRTH NO.

51 6543

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): KATHLEN M. FORREST

2. DATE OF DEATH: 7-25-51

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MERCY HOSP.

C. Length of stay in Baltimore: LIFE (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits write RURAL and give township): BALTIMORE 27-01
D. STREET ADDRESS (If rural, give location): 3101 WEAVER AVE.

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 6-11-1899
9. AGE (In years last birthday): 52 — If Under 1 Year: Months / Days; If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TELEPHONE OPER.
10B. KIND OF BUSINESS OR INDUSTRY: CITY HALL
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: DONALD KENNELLY
14. MOTHER'S MAIDEN NAME: KATHERINE GOLDEN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: no
17. INFORMANT: Mr. Charles Carroll Forrest
ADDRESS: 3101 Weaver Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CEREBRAL VASCULAR ACCIDENT — INTERVAL BETWEEN ONSET AND DEATH: 5 HRS.

DUE TO

ANTECEDENT CAUSES

(B) HYPERTENSIVE C.V.D. — ?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 24, 1951, *to* July 25, 1951, *that I last saw the deceased alive on* July 26, 1951, *and that death occurred at* 3:45 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Wm. A. H. Shea M. D.
23B. ADDRESS: Mercy Hosp.
23C. DATE SIGNED: 7-25-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/28/51
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 26 1951
REGISTRAR'S SIGNATURE: Winterton Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Tschener & Sons
ADDRESS: Balto., Md.

VS 150

37093 6593

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-560

51 6544
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 6544

1. NAME OF DECEASED (Type or Print): OLGA SCHIEMER

2. DATE OF DEATH: 7/25/51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Church Home & Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days 29

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Balto city
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3811 Copley Rd

15-11

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: June 1, 1894
9. AGE (In years last birthday): 57
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Michigan U.S.A.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frederick Heft
14. MOTHER'S MAIDEN NAME: Julia -

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or ooknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT: Mr. Edmund M. Schiemer
ADDRESS: 3811 Copley

MEDICAL CERTIFICATION

18. 420.1

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs
DUE TO
(B) old healed myocardial infarction
DUE TO
(C) chronic congestive heart failure

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): —
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 7/22/51, 19__, *to* 7/25/51, 19__, *that I last saw the deceased alive on* 7/25/51, 19__, *and that death occurred at* 11:15 AM *from the causes and on the date stated above.*

23A. SIGNATURE: P. D. Andrews M. D.
23B. ADDRESS: Church Home & Hosp
23C. DATE SIGNED: 7/25/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/28/51
24C. NAME OF CEMETERY OR CREMATORY: Woodlawn Cem.
24D. LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 26 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Gickner & Sons
ADDRESS: 94a Balto. Md.

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3-652

51 6545
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 6545

1. NAME OF DECEASED (Type or Print): WILLIAM ELRIDGE BURNS

2. DATE OF DEATH: 7. 25. 1957

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Baltimore
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Franklin Square Hosp.
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arbutus
D. STREET ADDRESS (If rural, give location): 1243. Greystone Rd. 5300

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married.
8. DATE OF BIRTH: March 21. 1894.
9. AGE (In years last birthday): 57
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer
10B. KIND OF BUSINESS OR INDUSTRY: B. & O. R. R.
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Ernest Elridge Burns.
14. MOTHER'S MAIDEN NAME: Florence Miller

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 705-09-1804
17. INFORMANT: Mrs. Mary E. Burns
ADDRESS: Arbutus, Md. - 1243 Greystone Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) 420.1 Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

(B) Coronary occlusion

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Arteriosclerosis

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7. 12, 1957, *to* 7. 25., 1957, *that I last saw the deceased alive on* 7. 25. 8 p.m. 1957, *and that death occurred at* 0.55 a.m. *m., from the causes and on the date stated above.*

23A. SIGNATURE: Geo Berkowitz M. D.
23B. ADDRESS: Franklin Sq Hosp.
23C. DATE SIGNED: 7-25-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/28/51
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 26 1951
REGISTRAR'S SIGNATURE: Eustice Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Tickner & Sons
ADDRESS: Balto, Md 94a

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 5 5 1 6 5 0 6 5 3

-000

51 6546

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6546

1. NAME OF DECEASED (Type or Print): Lee, Katherine

2. DATE OF DEATH: 7.22.51

3. PLACE OF DEATH: A. Baltimore City, Maryland: Balt.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Provident Hospital

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: 19-02

C. CITY OR TOWN (If outside corporate limits write "Out" and give township): Balt.

D. STREET ADDRESS (If rural, give location): 1722 W Fayette St.

5. SEX: Fe.

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):

8. DATE OF BIRTH: 11.24.1896

9. AGE (In years last birthday): 54

If Under 1 Year: Months Days

If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Balt. MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: William Snell

14. MOTHER'S MAIDEN NAME: Bartie Washington.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Aretta Gibson. ADDRESS: 1722 W. Fayette St

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 434.1

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chr. Congest. Cardiovasc. heart failure

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7.16, 1951, *to* 7.22, 1951 *that I last saw the deceased alive on* 7.22, 1951, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23A. SIGNATURE: John H. Holmes M. D.

23B. ADDRESS: Provident Hosp.

23C. DATE SIGNED: 7/22/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: July 26, 1951

24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn Cem

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 26 1951

REGISTRAR'S SIGNATURE: Christopher Williams, M.D.

25. FUNERAL DIRECTOR: Mrs Katie R. Williams

ADDRESS: 322 N. Schroeder St

VS 150

1951 006535

93D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-300

51 6547

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6547

1. NAME OF DECEASED (Type or Print): WILLIS BOYD

2. DATE OF DEATH: July 24, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 733 W. Fayette St.

4-02

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 6-4-1928
9. AGE (In years last birthday): 23 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10B. KIND OF BUSINESS OR INDUSTRY: Meat Market
11. BIRTHPLACE (State or foreign country): Portsmouth Va.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Linwood Boyd (12)
14. MOTHER'S MAIDEN NAME: Mary Coach
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Corrine Boyd — ADDRESS: 733 W Fayette St.

MEDICAL CERTIFICATION

18. 023X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Luetic heart disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from:* natural causes [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: Stanley H. Dunlacher M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: July 24, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Shipped
24B. DATE: 7-26-51
24C. NAME OF CEMETERY OR CREMATORY: Portsmouth Va
24D. LOCATION (City, town, or county) (State): Portsmouth Va.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 26 1951
REGISTRAR'S SIGNATURE: Winston Williams, M.D.
25. FUNERAL DIRECTOR: Mrs Katie R. Williams — ADDRESS: 322 N Schroeder St

VS 151

1954906A 6536 30E

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-200

51 6548

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6548

1. NAME OF DECEASED (Type or Print): Florence Mack

2. DATE OF DEATH: July 23 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1706 Llovellyn Ave.
C. Length of stay in Baltimore: Yrs. Life Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 807
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1706 Llovellyn Ave

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 22 1893
9. AGE (In years last birthday): 58
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): St. Marys County Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Sam Young
14. MOTHER'S MAIDEN NAME: Edith Clark

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Albert Mack ADDRESS: 1706 Llovellyn

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Subarachnoid Hemorrage — INTERVAL BETWEEN ONSET AND DEATH: 10 Minutes

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

330 X

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 18, 1946 *to* July 25, 1946 *that I last saw the deceased alive on* Nov 11, 1950 *and that death occurred at* 10:45 *p.m., from the causes and on the date stated above.*

23A. SIGNATURE: F. K. Adams M. D.
23B. ADDRESS: 1224 N. Carolina
23C. DATE SIGNED: 7-25-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: July 27/51
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral Cem.
24D. LOCATION (City, town, or county) (State): Frederick Rd.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 26 1951
REGISTRAR'S SIGNATURE: Cuthington Williams, M.D.
25. FUNERAL DIRECTOR: Mrs. Robt. A. Elliott & Daughter
ADDRESS: 1129 N. Caroline St

VS 150

83a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

330
51 6549
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 6549
Registered No.

1. NAME OF DECEASED (Type or Print): WILLIAM GUSTAV STUDE

2. DATE OF DEATH: July 24, 1951

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

C. Length of stay in Baltimore: life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1822 N. Charles St.

1205

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 7 - 24 - 51
9. AGE (In years last birthday): 55 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tax Assessor, Personal Property
10B. KIND OF BUSINESS OR INDUSTRY: Baltimore City
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME:
14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Carolyn T. Stude — ADDRESS: 1822 N. Charles

MEDICAL CERTIFICATION

18. E 903.5

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Fracture of skull

~~DUE TO~~

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Extradural and subdural hemorrhage

DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Street
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): In front of 15 W. North Avenue

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): July 19, 1951 6:45 P.m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR? Fell and struck head on pavement

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE: Stanley H. Dunlaeh M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: July 24, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 7 - 27 - 51
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: JUL 26 1951
REGISTRAR'S SIGNATURE: Lenington Williams, M.D.
25. FUNERAL DIRECTOR: John O. Mitchell & Sons, Inc. — ADDRESS: 1900 Eutaw Pl.
M B Mitchell

VS 151

N803.2 25093 186a

PLEASE WRITE LEGIBLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

439
51 6550
ND-145110
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 6550

1. NAME OF DECEASED (Type or Print): Marion Elliott

2. DATE OF DEATH: July 23, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals, 4940 Eastern Avenue
C. Length of stay in Baltimore: 7 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 305
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1519 Ashland Ave.

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Mar. 10, 1943
9. AGE (In years last birthday): 8 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): N.C.
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Marion Elliott
14. MOTHER'S MAIDEN NAME: Anna Mae Bryant
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Baltimore City Hospitals Records — ADDRESS: 4940 Eastern Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Tubercular Meningitis — INTERVAL BETWEEN ONSET AND DEATH: 6 Mos.
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-16, 1951, *to* 7-23, 1951, *that I last saw the deceased alive on* 7-23, 1951 *and that death occurred at* 11:44 pm, *from the causes and on the date stated above.*

23A. SIGNATURE: C. B. Cogan M. D.
23B. ADDRESS: 4940 Eastern Avenue
23C. DATE SIGNED: 7-25-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Buried
24B. DATE: July 28/51
24C. NAME OF CEMETERY OR CREMATORY: Mt. Calvary Cem.
24D. LOCATION (City, town, or county) (State): A. A. County Md

DATE RECEIVED BY LOCAL REGISTRAR: JUL 26 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Mrs. Robert A. Elliott & Daughter
ADDRESS: 1129 N. Caroline St

VS 150

1951 0 0 6 5 3 9 14

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-635

51 6551
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 6551

1. NAME OF DECEASED (Type or Print): William Harding

2. DATE OF DEATH: 7-25-1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Agnes Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Howard
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ellicott City
D. STREET ADDRESS (If rural, give location): Clarksville Pike 6300

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 10/15/93
9. AGE (In years last birthday): 57 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10B. KIND OF BUSINESS OR INDUSTRY: Crop Farming
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William H. Harding
14. MOTHER'S MAIDEN NAME: Emma Virginia Jones
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. Alpheus Harding ADDRESS: Ellicott City Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Infarction + Ventricular Hypertrophy, Left.
DUE TO
(B) Coronary Occlusion
DUE TO
(C) Possible abdominal carcinoma

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23A. SIGNATURE: Leo N. Ley, Jr. M. D.
23B. ADDRESS: St. Agnes Hosp.
23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/27/51
24C. NAME OF CEMETERY OR CREMATORY: St. Johns Cem.
24D. LOCATION (City, town, or county) (State): Ellicott City, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 26 1951
REGISTRAR'S SIGNATURE: Lurington Williams, M.D.
25. FUNERAL DIRECTOR: Easton Sons
ADDRESS: Catonsville Md.

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

P 0 0 0 6 5 1 0

94a

B-329 51 6552

BIRTH NO. 5b-12450

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6552

Registered No.

1. NAME OF DECEASED (Type or Print): JAMES N. BUTTS

2. DATE OF DEATH: July 25, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 803 Glade Court

25-04

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): S
8. DATE OF BIRTH: 6/2/50
9. AGE (In years last birthday): 1 — If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James G. Butts
14. MOTHER'S MAIDEN NAME: Peggy Lusby

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Family - Same
ADDRESS:

MEDICAL CERTIFICATION

18. E 881.0

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cardiac dilatation

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Pulmonary edema and anasarca
DUE TO kerosene poisoning
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 803 Glade Court

25-04

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): Around 7/11/51 ? m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR? Ingestion of kerosene

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE: Stanley H. Dunlavey M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: July 25, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): B
24B. DATE: 7/28/51
24C. NAME OF CEMETERY OR CREMATORY: Cedar Hill
24D. LOCATION (City, town, or county) (State): Baltimore

DATE RECEIVED BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE: Martin Williams, M.D.
25. FUNERAL DIRECTOR: James L. McCreary
ADDRESS: - 130 E. Fort Ave.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

JUL 26 1951

N 962.0

179XV

300

51 6553

BIRTH NO. 51 6553

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): Scott, Claude

2. DATE OF DEATH: 7-22-51

3. PLACE OF DEATH: A. Baltimore City, Maryland — Provident hospl.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Balt. Md

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Balt. Mar.

B. COUNTY:

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balt.

D. STREET ADDRESS (If rural, give location): 469 Walton ct.

11-04

5. SEX: M.

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): (Married)

8. DATE OF BIRTH: 3-17-1891

9. AGE (In years last birthday): 60

If Under 1 Year: Months: Days

If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): JANITOR

10B. KIND OF BUSINESS OR INDUSTRY: Church

11. BIRTHPLACE (State or foreign country): Franklin Co., Va.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Samuel Scott

14. MOTHER'S MAIDEN NAME: Nannett Muese

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-10-0744

17. INFORMANT: Elizabeth Scott — ADDRESS: 469 Walton Court-1

MEDICAL CERTIFICATION

18. 331X

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chr. congestive heart failure

DUE TO

(B) Hypertention of great degree

DUE TO

(C) Bleeding in the brains

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/22 1:00 AM *1951, to* 7/22 *, 1951, that I last saw the deceased alive on* 7/22 *, 1951, and that death occurred at* 7/22 7:30 *a.m., from the causes and on the date stated above.*

23A. SIGNATURE: John H. Holmes M.D.

23B. ADDRESS: Provident Hosp.

23C. DATE SIGNED: 7/22/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7-27-51

24C. NAME OF CEMETERY OR CREMATORY: Arbutus Mem. Park

24D. LOCATION (City, town, or county) (State): Arbutus, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: JUL 26 1951

REGISTRAR'S SIGNATURE: Huntington Williams M.D.

25. FUNERAL DIRECTOR: Charles R. Law

ADDRESS: 802 Madison Ave.

VS 150

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5 7788W 6542 83a

N-553
51 6554

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 6554
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mrs. Myrtle Wannenwetsch.

2. DATE OF DEATH: July 25, 1951.

3. PLACE OF DEATH: A. Baltimore City, Maryland — Maryland.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Agnes Hospital

C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write "RURAL" and give township): Baltimore, 20-01
D. STREET ADDRESS (If rural, give location): ~~5th~~ 415 North Brice Street.

5. SEX: F.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married.
8. DATE OF BIRTH: June 21 ~~31~~ 1900
9. AGE (In years last birthday): 51 — If Under 1 Year: Months / Days; If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife.
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: MR. ALPHONSD HERZEG.
14. MOTHER'S MAIDEN NAME: ELIZABETH ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: MR. JEFFERSON WANNENWETSCH
ADDRESS: St. * 415 N. Brice

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

(B) Arteriolar Nephrosclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Malignant Hypertension

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Adrenal Tumor

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 15, 1951, to July 25, 1951, that I last saw the deceased alive on July 24, 1951, and that death occurred at 9:27 a.m., from the causes and on the date stated above.

23A. SIGNATURE: [illegible] M. D.
23B. ADDRESS: St Agnes Hosp
23C. DATE SIGNED: 7/25/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: June 28-51
24C. NAME OF CEMETERY OR CREMATORY: Lorraine Cemetery
24D. LOCATION (City, town, or county): Balto. (State): Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 26 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: John A. Miller
ADDRESS: 2334 Jefferson St.

VS 150

1951 006643

1310

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-652

51 6555

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6555

1. NAME OF DECEASED (Type or Print): Anna M Burns

2. DATE OF DEATH: 7/22/51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sinai Hosp
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md
B. COUNTY: 60
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1917 Orleans St

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH: Dec. 22-1882
9. AGE (In years last birthday): 68 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework.
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Henry Wicklein
14. MOTHER'S MAIDEN NAME: Not Known
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Walter Burns — ADDRESS: 2602 E. Oliver St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Massive Myocardial infarct

DUE TO

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Coronary Sclerosis

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/22, 1951, *to* 7/22, 1951, *that I last saw the deceased alive on* 7/22, 1951, *and that death occurred at* 9 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Jerome J. Cohen M. D.
23B. ADDRESS: Sinai Hosp
23C. DATE SIGNED: 7/22/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: July 27-51
24C. NAME OF CEMETERY OR CREMATORY: Lorraine Pk. Cem.
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 26 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: John A. Miller
ADDRESS: 2334 Jefferson St.

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

92080 6544 94a

S-220

51 6556

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6556

1. NAME OF DECEASED (Type or Print): MARTHA E. SYKES

2. DATE OF DEATH: July 25, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3927 Falls Road.
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland.
B. COUNTY: 13-07
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3927 Falls Road.

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married.
8. DATE OF BIRTH: Sept 30, 1875
9. AGE (In years last birthday): 75 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife.
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: Abraham Wilhelm
14. MOTHER'S MAIDEN NAME: Unknown.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Wm. S. Sykes — ADDRESS: 3927 Falls Rd.

MEDICAL CERTIFICATION

18. 420.1

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

DUE TO

ANTECEDENT CAUSES

(B) Coronary Heart Disease — 10 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) m. OF INJURY
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN - 1949, 1950 to July 25, 1951, that I last saw the deceased alive on July 25, 1951, and that death occurred at 9:30 A.m., from the causes and on the date stated above.

23A. SIGNATURE: Leonard Wallenstein M. D.
23B. ADDRESS: 848 N 36th St
23C. DATE SIGNED: July 26/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: July 28/51
24C. NAME OF CEMETERY OR CREMATORY: Pine Grove
24D. LOCATION (City, town, or county) (State): Balto Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 26 1951
REGISTRAR'S SIGNATURE: Winfrey for Williams, M.D.
25. FUNERAL DIRECTOR: Teustin & Donovan
ADDRESS: 3818 Poland Ave

VS 150

1951006545

94a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

T-260

51 6557

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 6557

1. NAME OF DECEASED (Type or Print): JEREMIAH TASKER

2. DATE OF DEATH: July 25, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): US Marine Hospital
Wyman Pk. Drive & 31st St.
C. Length of stay in Baltimore: ? Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1607
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1031 N. Gilmor Street

5. SEX: M
6. COLOR OR RACE: col
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Sep.
8. DATE OF BIRTH: 5/26/74
9. AGE (In years last birthday): 77
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10B. KIND OF BUSINESS OR INDUSTRY: Dent. Laborer
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Tasker
14. MOTHER'S MAIDEN NAME: Emily Hudson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Yes
(If yes, give war or dates of service): SAW
16. SOCIAL SECURITY NO.: ?
17. INFORMANT: Records- US Marine Hospital, Balto, Md.
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

526 X

(A) Bronchiectasis, right lower lobe of lung — INTERVAL BETWEEN ONSET AND DEATH: Unknown

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C) Bronchopneumonia — Terminal

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 27, 1951, *to* July 25, 1951, *that I last saw the deceased alive on* July 25, 1951, *and that death occurred at* 7 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: John L. Wilson, Medical Director M. D.
23B. ADDRESS: US Marine Hospital, Balto, Md.
23C. DATE SIGNED: 7/25/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/27/51
24C. NAME OF CEMETERY OR CREMATORY: Balto. National
24D. LOCATION (City, town, or county) (State): Balto. City

DATE RECEIVED BY LOCAL REGISTRAR: JUL 26 1951
REGISTRAR'S SIGNATURE: Winterton Williams, M.D.
25. FUNERAL DIRECTOR: Samuel W. Sullivan Jr.
ADDRESS: 1016 W. Arlington Ave 107

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W 256

51 6558
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 6558

1. NAME OF DECEASED (Type or Print): MARY AGNES WAGNER

2. DATE OF DEATH: 7-24-51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4202 Glen Arm Avenue
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.
D. STREET ADDRESS (If rural, give location): 4202 Glen Arm Ave.

26-01

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1871
9. AGE (In years last birthday): 80 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10B. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): Harford Co., Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): -
(If yes, give war or dates of service): -
16. SOCIAL SECURITY NO.: -
17. INFORMANT: Mr. Elmer Wagner — ADDRESS: 4202 Glen Arm Ave.

MEDICAL CERTIFICATION

18. 443X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage — 72 hrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive Cardiovascular Disease — many years

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan *1947, to* 7-24 *, 1951, that I last saw the deceased alive on* 7-24 *, 1951, and that death occurred at* 12 02 *p.m., from the causes and on the date stated above.*

23A. SIGNATURE: Mat R. English M. D.
23B. ADDRESS: 5713 Belair Rd
23C. DATE SIGNED: 7-25-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-27-51
24C. NAME OF CEMETERY OR CREMATORY: Calvary M.E. Church Cem.
24D. LOCATION (City, town, or county) (State): Harford Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 26 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: WIEDEFELD & SON
ADDRESS: GREENMOUNT AVE & 22ND

VS 150

1951

93D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W 630
51 6559

CERTIFICATE CORRECTED 7-30-51

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6559
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Margaret Ann Ward

2. DATE OF DEATH: 7-24-51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 12-04
D. STREET ADDRESS (If rural, give location): 2103 Barkley ~~Barclay~~ St.

5. SEX: FEMALE
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH: Aug 22, ~~1888~~ 1886
9. AGE (In years last birthday): 64 6-2
If Under 1 Year: Months Days; If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Timothy S. ~~Ward~~ MURPHY
14. MOTHER'S MAIDEN NAME: Margaret O'Dowd

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. David Ward (Son)
ADDRESS

MEDICAL CERTIFICATION

18. 170 X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Aspiration Atelectasis — INTERVAL BETWEEN ONSET AND DEATH: ?

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Carcinoma Left Breast

19A. DATE OF OPERATION: 7-23-'51
19B. MAJOR FINDINGS OF OPERATION: Carcinoma Left Breast
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-6- *, 19*51*, to* 7-24- *, 19*51*, that I last saw the deceased alive on* 7-24- *, 19*51*, and that death occurred at* 10 45 *p.m., from the causes and on the date stated above.*

23A. SIGNATURE: C. Thomas J. M. D.
23B. ADDRESS: Mercy Hosp.
23C. DATE SIGNED: 7-24-51

24A. BURIAL, CREMATION, REMOVAL (Specify): B.
24B. DATE: 7-28-51
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): City

DATE RECEIVED BY LOCAL REGISTRAR: JUL 26 1951
REGISTRAR'S SIGNATURE: Winston Williams, M.D.
25. FUNERAL DIRECTOR: Weisfield & Son
ADDRESS: Greenmount & 22nd St.

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

6548
50

S-362

51 6560

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6560

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mary Strazinski

2. DATE OF DEATH: July 26 - 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Balto. City
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 105 S. ann St
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. City
D. STREET ADDRESS (If rural, give location): 105 S. ann St

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1895
9. AGE (In years last birthday): 56 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto. Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Jankiewicz
14. MOTHER'S MAIDEN NAME: Julia Bower

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Chester Strazinski — ADDRESS: 105 S. Ann St

MEDICAL CERTIFICATION

18. 260X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Cardio-vascular decompensation — acute

DUE TO

(B) Chronic Myocardial Insuff — 3 mos
Chronic Vascular Hypertension — 10 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Diabetes Mellitus — 10 yrs

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 23, 1951, to July 26, 1951, that I last saw the deceased alive on July 26, 1951, and that death occurred at 8:00 a m., from the causes and on the date stated above.

23A. SIGNATURE: [illegible] M. D.
23B. ADDRESS: 700 E Pratt St
23C. DATE SIGNED: 7/26/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: July 30-1951
24C. NAME OF CEMETERY OR CREMATORY: St. Stanislaus
24D. LOCATION (City, town, or county) (State): Balto. City Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 26 1951
REGISTRAR'S SIGNATURE: [illegible] for Williams, M.D.
25. FUNERAL DIRECTOR: Wm. S. Filipowski — ADDRESS: 2007 Eastern Ave

VS 150

061.0

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3-522
51 6561

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 6561

1. NAME OF DECEASED (Type or Print): Mary Bonkowski

2. DATE OF DEATH: July 25 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Balto. City
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 405 S. Maderia St
C. Length of stay in Baltimore: Yrs. Life Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. City
D. STREET ADDRESS (If rural, give location): 405 S. Maderia

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 1887
9. AGE (In years last birthday): 64
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Packer
10B. KIND OF BUSINESS OR INDUSTRY: Langrals Packers
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Blachowicz
14. MOTHER'S MAIDEN NAME: Rozalia

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 217-03-2558
17. INFORMANT: Frank Bonkowski — ADDRESS: 2546 Fleet St

MEDICAL CERTIFICATION

18. 154X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive Cardio Vascular Renal

DUE TO

(B) Cerebral Vascular Accident

DUE TO

(C) Carcinoma Rectum

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1959 to 7/23 1951, that I last saw the deceased alive on 7/22 1951, and that death occurred at 8:20 A m., from the causes and on the date stated above.

23A. SIGNATURE: [illegible] M. D.
23B. ADDRESS: 2711 Eastern Ave.
23C. DATE SIGNED: 7/24/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: July 28-1951
24C. NAME OF CEMETERY OR CREMATORY: Holy Rosary
24D. LOCATION (City, town, or county) (State): Balto. Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 26 1951
REGISTRAR'S SIGNATURE: [illegible] for Williams M.D.
25. FUNERAL DIRECTOR: Wm. S. Fialkowski — ADDRESS: 2007 Eastern Ave

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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51 6562

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 6562

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Frank E. Dailey
2. DATE OF DEATH: 7/26/51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2837 Riggs Ave
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2837 Riggs Ave

1606

5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 9/2/1904
9. AGE (In years last birthday): 46
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10B. KIND OF BUSINESS OR INDUSTRY: Butchers
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John M. Dailey
14. MOTHER'S MAIDEN NAME: Carrie T. Humphreys

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): -
(If yes, give war or dates of service): -
16. SOCIAL SECURITY NO.: -
17. INFORMANT: Mrs Mary J. Dailey ADDRESS: 2837 Riggs Ave

Dept. State

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 30 minutes
DUE TO Chronic Myocarditis with cardiac hypertrophy and myocardial Degeneration
(B) Chronic nephritis (Glomerulus) — INTERVAL BETWEEN ONSET AND DEATH: several years.
DUE TO Generalized atherosclerosis with hypertension
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

420.1

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1949 to July 26, 1951, that I last saw the deceased alive on July 25, 1951, and that death occurred at 3 A. m., from the causes and on the date stated above.

23A. SIGNATURE: Wm Mitchel M. D.
23B. ADDRESS: 1015 Poplar Grove St
23C. DATE SIGNED: July 26 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/30/51
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral Cem.
24D. LOCATION (City, town, or county) (State): 4300 Old Frederick Ave

DATE RECEIVED BY LOCAL REGISTRAR: JUL 26 1951
REGISTRAR'S SIGNATURE: Curtington Williams, M.D.
25. FUNERAL DIRECTOR: John J. Cowan & Son Hollins
ADDRESS: 201 St.

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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Y-536

51 6563

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X

Registered No. 51 6563

1. NAME OF DECEASED (Type or Print): ELEANOR M. YANDURA

2. DATE OF DEATH: 7-24-51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MARYLAND GENERAL HOSPITAL
C. Length of stay in Baltimore: LIFE Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND.
B. COUNTY: 53-00
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 3540 McSHANE WAY #22.

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: 2-5-25
9. AGE (In years last birthday): 26
If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): MARYLAND.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JAMES PILACHOWSKI
14. MOTHER'S MAIDEN NAME: MARTHA KOWODEWSKI

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 219-18-9599
17. INFORMANT: ANDREW A. YANDURA, ADDRESS: 3540 McSHANE WAY.

MEDICAL CERTIFICATION

18. 201 X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) HODGKIN'S DISEASE.

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-21, 1951, *to* 7-24, 1951, *that I last saw the deceased alive on* 7-23, 1951, *and that death occurred at* 8⁰² A *m., from the causes and on the date stated above.*

23A. SIGNATURE: Warren A. Cohrs Jr. M. D.
23B. ADDRESS: Maryland Gen. Hospital
23C. DATE SIGNED: 7-24-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/28/1951
24C. NAME OF CEMETERY OR CREMATORY: Sacred Heart
24D. LOCATION (City, town, or county) (State): Balto Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 26 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. Clarke Bradley, ADDRESS: Dundalk, Md.

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1951 006552 044b

N-610

51 6564

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6564

Registered No.

1. NAME OF DECEASED (Type or Print): Robert L. Murphy

2. DATE OF DEATH: July 26, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Va
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Staunton R F D 1
D. STREET ADDRESS (If rural, give location): V-43

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 11-1-86
9. AGE (In years last birthday): 64 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ~~Foreman~~
10B. KIND OF BUSINESS OR INDUSTRY: MECH ENGINEER
11. BIRTHPLACE (State or foreign country): N C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Patrick Murphy
14. MOTHER'S MAIDEN NAME: Betty Baumgardner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: JOHNS HOPKINS HOSPITAL — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Empyema — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

(B) Carcinoma of Rt. lung — >4 mos

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Bronchiectasis, asthma, heart failure

19A. DATE OF OPERATION: 5-23-51
19B. MAJOR FINDINGS OF OPERATION: Carcinoma Rt. lung
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-9-, 1951 *to* 7-26-, 1951, *that I last saw the deceased alive on* 7-26-, 1951, *and that death occurred at* 10:45a *m., from the causes and on the date stated above.*

23A. SIGNATURE: John B Burroughs M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 7-26-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: July 26/51
24C. NAME OF CEMETERY OR CREMATORY: Bellefontaine
24D. LOCATION (City, town, or county) (State): Middle Brook Va

DATE RECEIVED BY LOCAL REGISTRAR: JUL 26 1951
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR: Allen Funeral Home — ADDRESS: 2004 Cile

VS 150

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K-626 51 6565

51 6565

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): HENRY FREDERICK KREIGER

2. DATE OF DEATH: JULY 25, 1951

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 514 S. DECKER AVE

C. Length of stay in Baltimore: 60 YRS. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 102
D. STREET ADDRESS (If rural, give location): 514 S. DECKER AVE.

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: FEB. 13, 1873

9. AGE (In years last birthday): 78

If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MOULDER

10B. KIND OF BUSINESS OR INDUSTRY: COPPER CASTINGS

11. BIRTHPLACE (State or foreign country): GERMANY

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO

(If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: LETITIA KREIGER ADDRESS: 514 S. DECKER AVE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Atrophic Cirrhosis of Liver — INTERVAL BETWEEN ONSET AND DEATH: 2 years?

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 15, 1950, *to* July 25, 1951, *that I last saw the deceased alive on* Jan 24, 1951, *and that death occurred at* 12:20 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE: N. J. Davidson M. D.

23B. ADDRESS: 3218 Eastern ave

23C. DATE SIGNED: 7-26-51

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 7-28-51

24C. NAME OF CEMETERY OR CREMATORY: OAKLAWN

24D. LOCATION (City, town, or county) (State): BALTO. COUNTY Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 27 1951

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: GEO. L. SCHWAB ADDRESS: 2101 FREDERICK AVE

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1951 000 6554 124b

M-240 51 6566 X 51 6566

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ELEANOR MAKEL

2. DATE OF DEATH: JULY 26, 1951

3. PLACE OF DEATH: A. Baltimore City, Maryland A-2

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: 66-00
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WESTWOOD
D. STREET ADDRESS (If rural, give location):

5. SEX: FEMALE
6. COLOR OR RACE: COLORED
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 8-31-19
9. AGE (In years last birthday): 31 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Arthur Hall
14. MOTHER'S MAIDEN NAME: Eleanor Meade

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: JOHNS HOPKINS HOSPITAL ADDRESS: ✓

MEDICAL CERTIFICATION

18. E. 946.7

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral embolism (air) — INTERVAL BETWEEN ONSET AND DEATH: 36 hr.

DUE TO

ANTECEDENT CAUSES

(B) D. & C. under pentothal anesthesia — 36 hr.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Pulmonary tuberculosis

19A. DATE OF OPERATION: 7/24/51
19B. MAJOR FINDINGS OF OPERATION: D. & C. normal endometrium
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-23- 1951, *to* 7-26- 1951, *that I last saw the deceased alive on* 7-26- 1951, *and that death occurred at* 1:46 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Gent Bisby M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/28/51
24C. NAME OF CEMETERY OR CREMATORY: St. Joseph's
24D. LOCATION (City, town, or county) (State): Govanstown Md

DATE RECEIVED BY LOCAL REGISTRAR: JUL 27 1951
REGISTRAR'S SIGNATURE: Curtis Williams M.D.
25. FUNERAL DIRECTOR: Hunt & Pyson ADDRESS: Waldorf, Md

VS 150 N-995.0 13B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 6567

51 6567

G-556

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mardel Violet Gemeinhardt

2. DATE OF DEATH: July 25, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 8-04
D. STREET ADDRESS (If rural, give location): 2134 E. Oliver Street

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 3, 1896
9. AGE (In years last birthday): 55 — If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hwfe.
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY: ✓
13. FATHER'S NAME: John H. Zink
14. MOTHER'S MAIDEN NAME: Emma F. Wilhelm
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: August Gemeinhardt — ADDRESS: 2134 E. Oliver St

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 023X I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Luetic cardiovascular disease with Coronary artery ostial occlusion and acute Coronary occlusion

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Aneurysm of the ascending aorta.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/4/, 1951 *to* 7/25/, 1951, *that I last saw the deceased alive on* 7/25/, 1951 *and that death occurred at* 11:00 AM, *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: 1100 N. Caroline Street
23C. DATE SIGNED: 7/25/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-30-51
24C. NAME OF CEMETERY OR CREMATORY: Balto. Natl Cem
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 27 1951
REGISTRAR'S SIGNATURE: Cuthrington Williams, M.D.
25. FUNERAL DIRECTOR: John C. Milly Inc.
ADDRESS: 2435 E. Oliver St

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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030e

To be released by Medical Examiner 51 6568

51 6568

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): MOLLIE GREENBAUM

2. DATE OF DEATH: 7-27-51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2620 Longwood Street
C. Length of stay in Baltimore: 50 years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15-37
D. STREET ADDRESS (If rural, give location): 2620 Longwood Street

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed W.
8. DATE OF BIRTH: 1871
9. AGE (In years last birthday): 80 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Charles Grollman
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Ethel Levy — ADDRESS: 2305 Monticello Road

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

(B) — INTERVAL BETWEEN ONSET AND DEATH

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) — INTERVAL BETWEEN ONSET AND DEATH

CERTIFICATION APPROVED BY
Stanley K. Dunbar M. D.
CHIEF OR ASST. MEDICAL EXAMINER.

334 and E 903.0

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Fractured Hip

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 2620 Longwood Street
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): July 7, 1951 5:00 a.m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21F. HOW DID INJURY OCCUR? Slipped & fell Fell in bathroom to floor

22. *I hereby certify that I attended the deceased from* 7/7, 1951, *to* 7/27, 1951, *that I last saw the deceased alive on* 7/26, 1951, *and that death occurred at* 4:55 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Albert Zubrulsky M. D.
23B. ADDRESS: 2217 South Road
23C. DATE SIGNED: 7/27/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-27-51
24C. NAME OF CEMETERY OR CREMATORY: Hebrew Young Men Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore Maryland

DATE RECEIVED BY LOCAL REGISTRAR: JUL 27 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Sol Levinson & Bros. — ADDRESS: 1124 W. North Ave.

VS 150

N-82010 51 006557 186a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 6569

12-455.

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6569

Registered No.

1. NAME OF DECEASED (Type or Print): Henrietta Kleinman

2. DATE OF DEATH: July 26, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Baltimore
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lutheran Hosp. of Maryland.
C. Length of stay in Baltimore: 20 Years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15-04
D. STREET ADDRESS (If rural, give location): 1918 N. Bentalou Street

5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: May 16, 1915
9. AGE (In years last birthday): 36
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Kentucky
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William Kleinman
14. MOTHER'S MAIDEN NAME: Frieda Fish

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. William Kleinman
ADDRESS: 1918 N. Bentalou St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

331X

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 25, 1951, *to* July 26, 1951 *that I last saw the deceased alive on* July 26, 1951, *and that death occurred at* 12:15 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Vincent N. Gaudet M. D.
23B. ADDRESS: Lutheran Hosp. of Maryland
23C. DATE SIGNED: July 26, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-27-51
24C. NAME OF CEMETERY OR CREMATORY: Arlington Cemetery
24D. LOCATION (City, town, or county) (State): Rogers Ave. Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: JUL 27 1951
REGISTRAR'S SIGNATURE: Christopher Williams, M.D.
25. FUNERAL DIRECTOR: Sol Levinson & Bros.
ADDRESS: 1124-26 W. North Ave.

VS 150

1951 06558

083a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

-220
-221 51 6570

51 6570

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Matthew Lucas (Lukasevicius)

2. DATE OF DEATH: July 25, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Franklin Square Hospital (D04)
C. Length of stay in Baltimore: 40 yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Maryland 19-03
D. STREET ADDRESS (If rural, give location): 1412 W Lombard St

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec 4 1899
9. AGE (In years last birthday): 62
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pocket Maker
10B. KIND OF BUSINESS OR INDUSTRY: Cloth. Mfg.
11. BIRTHPLACE (State or foreign country): Lithuania
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Frank Lucas
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Agnes Lucas ADDRESS: 1412 W Lombard St

MEDICAL CERTIFICATION

18. 420.1

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☑, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: Com. H. Kammer, Jr. M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☑
23C. DATE SIGNED: July 26, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: July 30-51
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer
24D. LOCATION (City, town, or county) (State): Balto. Md

DATE RECEIVED BY LOCAL REGISTRAR: JUL 27 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Joseph Kasmakos Jr. ADDRESS: 430 Homelandtown

VS 151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-400 51 6571

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6571

1. NAME OF DECEASED (Type or Print): Margaret Kelly

2. DATE OF DEATH: 7-26-51

3. PLACE OF DEATH: A. Baltimore City, Maryland — Battimore 1, Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maryland General Hospital

C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Battimore 1-02
D. STREET ADDRESS (If rural, give location): 2919 E. Battimore St.

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Div. 1st, Sep. 2nd
8. DATE OF BIRTH: 3-27-24
9. AGE (In years last birthday): 27
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10B. KIND OF BUSINESS OR INDUSTRY: Shoe Store
11. BIRTHPLACE (State or foreign country): Battimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Long (B)
14. MOTHER'S MAIDEN NAME: Lillian Hollett

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Patient
ADDRESS:

MEDICAL CERTIFICATION

18. 590X

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) Uremia

DUE TO

(B) Acute Glomerulonephritis

DUE TO

(C) Malignant hypertension

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 17, 1951, *to* July 26, 1951, *that I last saw the deceased alive on* July 25, 1951, *and that death occurred at* 10:40 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Charles S. MacMinn M. D.
23B. ADDRESS: 2900 E. Baltimore St.
23C. DATE SIGNED: July 26, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-30-51
24C. NAME OF CEMETERY OR CREMATORY: Baltimore
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 27 1951
REGISTRAR'S SIGNATURE: Lurington Williams, M.D.
25. FUNERAL DIRECTOR: Lilly & Zeiler, Inc, 403 S. Wolfe Street
ADDRESS:

VS 150

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 6572

BIRTH NO. 10,236

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6572

1. NAME OF DECEASED (Type or Print): JAMES CHESTER

2. DATE OF DEATH: July 23, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South Baltimore General Hospital
C. Length of stay in Baltimore: Unknown (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 22-01
D. STREET ADDRESS (If rural, give location): 142 W. York Street

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Unknown
8. DATE OF BIRTH: Unknown
9. AGE (In years last birthday): 55 — If Under 1 Year: Months: Days: — If Under 24 Hours: Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: John Strange — ADDRESS: 142 W. York St

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. E812.4 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Fracture of neck and legs

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Highway
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Governor Ritchie Highway & 15th Avenue
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): July 22, 1951 11:40 P.m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR?: Pedestrian struck by auto

22. *I certify that I took charge of the remains described above, held an* Inspection & Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☒, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: R B Fisher M.D.
23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: July 23, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/27/51
24C. NAME OF CEMETERY OR CREMATORY: Mount Calvary Ct
24D. LOCATION (City, town, or county) (State): A.A.Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 27 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: L. L. Brown & Son — ADDRESS: 108-10 Montgomery St

VS 151

N-805.2 | 97088 6 5 6 | 170 c

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-620 51 6573 51 6573

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): FRANK J. GROSS

2. DATE OF DEATH: 7-25-51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1803 N. DURHAM ST.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 8-05
D. STREET ADDRESS (If rural, give location): 1803 N. DURHAM ST.

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: AUG. 24-1901
9. AGE (In years last birthday): 49
If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SEXTON
10B. KIND OF BUSINESS OR INDUSTRY: CHURCH
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: NICHOLAS GROSS
14. MOTHER'S MAIDEN NAME: MARY HERFEL
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 220-30-0011
17. INFORMANT: HILDA M. GROSS
ADDRESS: 1803 N. DURHAM ST

MEDICAL CERTIFICATION

18. 421.4

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebrovascular Chronic — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

DUE TO

ANTECEDENT CAUSES

(B) Bronchial Asthma — 6 mos.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) General Arteriosclerosis — 3 mos.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 14, 1951 *to* 7/25, 1951 *that I last saw the deceased alive on* 7/25, 1951, *and that death occurred at* 12:10 *a.m., from the causes and on the date stated above.*

23A. SIGNATURE: C. B. Mettle M.D. M. D.
23B. ADDRESS: 1229 William St.
23C. DATE SIGNED: 7/26/51

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 7-28-51
24C. NAME OF CEMETERY OR CREMATORY: HOLY CROSS CEM.
24D. LOCATION (City, town, or county) (State): A.A. CO. MARYLAND

DATE RECEIVED BY LOCAL REGISTRAR: JUL 27 1951
REGISTRAR'S SIGNATURE: Lester Williams, M.D.
25. FUNERAL DIRECTOR: ELIZABETH HARLE INC.
ADDRESS: 115 E. WEST ST.

VS 150

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PLEASE WRITE IN INK ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-314

51 6574

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6574

Registered No.

BIRTH NO. BC 49-02607

1. NAME OF DECEASED (Type or Print): CARL ELVON HATFIELD.

2. DATE OF DEATH: 7-26-51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): UNION MEMORIAL HOSPITAL
C. Length of stay in Baltimore: 2 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 52-00
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE.
D. STREET ADDRESS (If rural, give location): 218 RIVERVIEW RD - 25.

5. SEX: M.
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: 2-6-49
9. AGE (In years last birthday): 2 — If Under 1 Year: Months 6, Days, If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: HUBERT PAUL HATFIELD.
14. MOTHER'S MAIDEN NAME: EVELYN MYERS.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: PAUL HATFIELD — ADDRESS: 218 Riverview Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Malignant tumor of cerebellum, type undetermined — INTERVAL BETWEEN ONSET AND DEATH: 2 months

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 7-28-51
19B. MAJOR FINDINGS OF OPERATION: BRAIN TUMOR.
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-8, 1951, *to* 7-26, 1951 *that I last saw the deceased alive on* 7-26, 1951, *and that death occurred at* 8:10 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Alfred S. Nelson M. D.
23B. ADDRESS: Union Memorial Hosp. Baltimore 18, Maryland
23C. DATE SIGNED: July 26, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 7/28/51
24C. NAME OF CEMETERY OR CREMATORY: MAPLE RIDGE MEM. PK.
24D. LOCATION (City, town, or county) (State): DORSEY, MD.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 27 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: GONCE + LYONS — ADDRESS: 4001 Ritchie Hwy.

VS 150

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

E. H. Masten
5222 Kramme Cir.
Balt. 25 Md.
National Life Ins Co
511 Old Town Bank Bldg

160 51 6575

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6575

Registered No.

1. NAME OF DECEASED (Type or Print): Wilbur M. Shaffer (Mr.)

2. DATE OF DEATH: July 26, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days: life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: —
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 24-0D
D. STREET ADDRESS (If rural, give location): 1043 Riverside Avenue

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): S
8. DATE OF BIRTH: Dec. 8, 1894
9. AGE (In years last birthday): 56 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plumber
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William B. Shaffer (D) CONJT
14. MOTHER'S MAIDEN NAME: Florence M. Floyd (L)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma - Left Lung — Interval between onset and death: 1 yr (?)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: July 18, 1951
19B. MAJOR FINDINGS OF OPERATION: Carcinoma of left lung
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 14, 1951, *to* July 26, 1951, *that I last saw the deceased alive on* July 26, 1951, *and that death occurred at* 2:25 Am., *from the causes and on the date stated above.*

23A. SIGNATURE: W. A. Crawford, Jr. M. D.
23B. ADDRESS: Union Memorial Hosp
23C. DATE SIGNED: 7-26-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-30-1951
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 27 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: G. Howard Strong
ADDRESS: 3207 W. North Ave.,

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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51 6576

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 6576

1. NAME OF DECEASED (Type or Print): Muriel Reiz Kahler

2. DATE OF DEATH: 7-23-51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.
C. Length of stay in Baltimore: Yrs. Mos. Days — Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 26-12
D. STREET ADDRESS (If rural, give location): 4940 Eastern Ave., (Baltimore City Hospitals

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 19-1917
9. AGE (In years last birthday): 34 — If Under 1 Year: Months: Days: — If Under 24 Hours: Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Frederick Shipley
14. MOTHER'S MAIDEN NAME: Tina Siebert
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Records: ADDRESS: Baltimore City Hospitals 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Bilateral Bronchopneumonia	1 week
DUE TO		
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) Post operative lethargy	2 mos.
DUE TO		
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Post Encephalitic Parkinsons Disease	19yrs.

19A. DATE OF OPERATION: 5-28-51
19B. MAJOR FINDINGS OF OPERATION: Right Pedunculotomy
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, ferm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-20-50, 1950, *to* 7-23-, 1951, *that I last saw the deceased alive on* 7-23-, 1951 *and that death occurred at* 3.15PM *m., from the causes and on the date stated above.*

23A. SIGNATURE: P. S. Rogers M. D.
23B. ADDRESS: 4940 Eastern Ave., Baltimore, Md.
23C. DATE SIGNED: 7-26-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/27/51
24C. NAME OF CEMETERY OR CREMATORY: Sacred Heart
24D. LOCATION (City, town, or county) (State): German Hill Rd

DATE RECEIVED BY LOCAL REGISTRAR: JUL 27 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: John J. Fahey & Sons
ADDRESS: 318 Light St.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5 7 6 0 6 5 6 B

Dr. Bacon

BIRTH NO. 51 6577 536

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6577

1. NAME OF DECEASED (Type or Print): Mary Elizabeth Snyder

2. DATE OF DEATH: July 25, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4700 Harford Road
C. Length of stay in Baltimore: two months (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore 53-00
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore County
D. STREET ADDRESS (If rural, give location): 8100 Ridgely Oak Road

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Aug. 21, 1882
9. AGE (In years last birthday): 68 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Rufus N. Wolford
14. MOTHER'S MAIDEN NAME: Martha Daywalt
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Paul L. Brown, ADDRESS: 8015 Hillendale

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Broncho-pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hemiplegia, left — 3 mos

DUE TO

(C) Arteriosclerosis + hypertension — 12 yrs

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: none
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH: none
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1939 *to* July 25, 1951 *that I last saw the deceased alive on* July 25, 1951, *and that death occurred at* 3.30 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: J. M. Bacon M. D.
23B. ADDRESS: 2810 Taylor Ave.
23C. DATE SIGNED: 7/26/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-28-51
24C. NAME OF CEMETERY OR CREMATORY: Moreland Mem. Park
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: JUL 27 1951
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Leonard J. Ruck, ADDRESS: 5305 Harford Road.

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 5 1 0 0 6 5 6 6 083d

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO. 15-652 51 6578

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 6578

1. NAME OF DECEASED (Type or Print): James J. Kearns

2. DATE OF DEATH: July 25, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1911 E. Oliver St.
C. Length of stay in Baltimore: Yrs. Mos. Days — Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 8-07
D. STREET ADDRESS (If rural, give location): 1911 E. Oliver St.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 3, 1866
9. AGE (In years last birthday): 85years — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: City Water Dept.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Patrick Kearns
14. MOTHER'S MAIDEN NAME: Mary Martin
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): ——— (If yes, give war or dates of service): ———
16. SOCIAL SECURITY NO.: ———
17. INFORMANT: James E. Kearns — ADDRESS: 1911 E. Oliver St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral accident. — INTERVAL BETWEEN ONSET AND DEATH: 5days

DUE TO

(B) Arteriosclerosis

DUE TO

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Prostatic hypertrophy

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, ferm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 20, 1951, *to* July 25, 1951 *that I last saw the deceased alive on* July 24, 1951 *and that death occurred at* 7 00 *m., from the causes and on the date stated above.*

23A. SIGNATURE: Conrad H. Rutter M. D.
23B. ADDRESS: 1706 N. Washington St
23C. DATE SIGNED: 7/26/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: July 28, 1951
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral Cem.
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: JUL 27 1951
REGISTRAR'S SIGNATURE: Lawrence Williams, M.D.
25. FUNERAL DIRECTOR: John A. Moran — ADDRESS: 3000 E. Baltimore St.

VS 150

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51 6579 + 51 6579

BIRTH NO. P. 328

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): Patacca, Philomena

2. DATE OF DEATH: July 26, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Agnes Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: BALTO. 53-00
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): N.Riverdale, Md. ESSEX
D. STREET ADDRESS (If rural, give location): 9 B Westway

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 16 1910
9. AGE (In years last birthday): 41
If Under 1 Year: Months 5 Days 10 Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Attlio Fortunato
14. MOTHER'S MAIDEN NAME: Lucy
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Alfonso Patacca ADDRESS: N. Riverdale, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hematemesis, Gastro intestinal hemorrhage, severe & shock — INTERVAL BETWEEN ONSET AND DEATH: 5 days

DUE TO

(B) ETIOL. SPEC. undetermined

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CERTIFICATION APPROVED BY: Stanley H. Greenblum M.D.
CHIEF OR ASST. MEDICAL EXAMINER

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Pancr congestion lungs, Kidneys, Ascites Hydrothorax

19A. DATE OF OPERATION: 7/26/51 3
19B. MAJOR FINDINGS OF OPERATION: Gastro intestinal hemorrhage, Ascites
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/22, 1951, *to* 7/26, 1951, *that I last saw the deceased alive on* 7/26, 1951, *and that death occurred at* 4:45 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: [illegible] M. D.
23B. ADDRESS: St. Agnes Hospital
23C. DATE SIGNED: 7/27/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: July 30 1951
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cemetery
24D. LOCATION (City, town, or county) (State): 4430 Belair Rd. Bal. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 27 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Frank Della Vecc
ADDRESS: 322 S. High St.

VS 150

For approval Recd. Exam

1951 0 0 6 5 6 8 123.0

PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 6580

F 620

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 6580

1. NAME OF DECEASED (Type or Print): MARGARET CHRISTINA FERRIS

2. DATE OF DEATH: July 26, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3806 Colbourne Rd.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 16-08
D. STREET ADDRESS (If rural, give location): 3806 Colbourne Rd.

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Apr. 21, 1880
9. AGE (In years last birthday): 71 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Denmark
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Theodore Lorenzen
14. MOTHER'S MAIDEN NAME: ? Simanson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. Raymond Brohawn — ADDRESS: 2845 N. Calvert St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 4 days

DUE TO

ANTECEDENT CAUSES

(B) arteriosclerosis generalized — 2 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) old age.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 2, 1948, *to* July 26, 1951, *that I last saw the deceased alive on* July 25, 1951, *and that death occurred at* 3:00 a m., *from the causes and on the date stated above.*

23A. SIGNATURE: Edwin H. Mortimer Jr M. D.
23B. ADDRESS: 2706 St Paul St
23C. DATE SIGNED: 7/26/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/28/51
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 27 1951
REGISTRAR'S SIGNATURE: Lucretia Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Buckner & Sons
ADDRESS: 0836 Balto., Md.

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DEATH CERTIFICATE CORRECTED 3/12/52 ES

51 6581

BIRTH NO. 350

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6581

1. NAME OF DECEASED (Type or Print): Celeste Hayden

2. DATE OF DEATH: July 26, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maryland General Hospital
C. Length of stay in Baltimore: 6 ~~Yrs.~~ ~~Mos.~~ Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: BALTO. 53-00
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Relay
D. STREET ADDRESS (If rural, give location): 1709 Arlington Avenue.

5. SEX: Female
6. COLOR OR RACE: White.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single.
8. DATE OF BIRTH: Oct. 4, 1873
9. AGE (In years last birthday): 78
If Under 1 Year: Months | Days
If Under 24 Hours: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10B. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): MARYLAND.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John F. Hayden
14. MOTHER'S MAIDEN NAME: Victoria Ogle

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No.
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Rent Knadler, ADDRESS: Round Bay, Severna Pk, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

010 X

(A) Massive Bronchopneumonia

DUE TO

ANTECEDENT CAUSES

(B) Hypertensive Arteriosclerotic Cardio Vascular Disease.

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) Spinal fluid inoculated in animal-tbc positive - report 11/5/51 (culture obtained after death)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Malnutrition.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 21, 1951, *to* July 26, 1951, *that I last saw the deceased alive on* July 26, 1951, *and that death occurred at* 1:55 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Donald H. MacPherson M. D.
23B. ADDRESS: Maryland Gen. Hospital
23C. DATE SIGNED: 7-26-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/28/51
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 27 1951
REGISTRAR'S SIGNATURE: Lurlington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Tickner & Sons
ADDRESS: Balto. Md.

VS 156

1951 000 6574

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-360

BIRTH NO. 51 6582

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6582

1. NAME OF DECEASED (Type or Print): JOHN A. SOUDER

2. DATE OF DEATH: July 24, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lutheran Hospital
C. Length of stay in Baltimore (Yrs. Mos. Days): Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 4411 Pen Lucy Road

28-04

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 25-1916
9. AGE (In years last birthday): 35 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Construction Engineer
10B. KIND OF BUSINESS OR INDUSTRY: City of Balto
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John Souder
14. MOTHER'S MAIDEN NAME: Rose Arnold
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Christine S. Souder — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH 4411 Pen Lucy Rd — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral hemorrhage

DUE TO hypertensive cardiovascular disease

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection & Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from:* natural causes ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: Stanley F. Dunlachen M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: July 25, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: July 27-51
24C. NAME OF CEMETERY OR CREMATORY: Cathedral
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: JUL 27 1951
REGISTRAR'S SIGNATURE: Curtis Williams, M.D.
25. FUNERAL DIRECTOR: George A. Farley — ADDRESS: 093d

093 A 30 Fulton Ave + Fayette St. ✓

VS 151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

P-200

51 6583

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6583

1. NAME OF DECEASED (Type or Print): Margaret Peusch

2. DATE OF DEATH: July 24, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland Ambassador Apts.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 39th + Canterbury
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Ambassador Apts. COUNTY
B. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. Maryland 12-01
D. STREET ADDRESS (If rural, give location): Canterberry Rd. & 39th. Sts

5. SEX: F
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: 5-25-1871
9. AGE (In years last birthday): 80 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: ---
17. INFORMANT: Emil Butnitz — ADDRESS: 14 East Lexington

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Degeneration — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

DUE TO

(B) Arteriosclerosis — 3 yrs

DUE TO

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 1-50, 19__, *to* July 24-51, 19__, *that I last saw the deceased alive on* ~~Aug 1-50~~ July 24-51, 19__, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23A. SIGNATURE: F H Hoermann M. D.
23B. ADDRESS: 1710 E. 33rd St
23C. DATE SIGNED: 9-12-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: July 27, 51
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): ~~Balt~~ Loudon Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 27 1951
REGISTRAR'S SIGNATURE: Entry for Williams, M.D.
25. FUNERAL DIRECTOR: Mamie Cook Syfer — ADDRESS: 1600 W. North Ave

VS 150

1951 006572

937

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr.Herrman E.33rd. St.

51-6583

K-520

51 6584

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 6584

Registered No.

1. NAME OF DECEASED (Type or Print): Albert Stace Kinsey, Jr.

2. DATE OF DEATH: 7-26-51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital
C. Length of stay in Baltimore: Yrs. Life Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Balto.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3011 Poplar Terrace

15-47

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: Mar. 17, 1883
9. AGE (In years last birthday): 68
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fireman rtd
10B. KIND OF BUSINESS OR INDUSTRY: Balto. City
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Albert S. Kinsey
14. MOTHER'S MAIDEN NAME: Maud Stallings.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Hospital Records
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Atelectasis, Rt — INTERVAL BETWEEN ONSET AND DEATH: ?
DUE TO
ANTECEDENT CAUSES
(B) Cardiac Failure — ?
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Bronchogenic Carcinoma, Rt. — ?

19A. DATE OF OPERATION: 7-24-51
19B. MAJOR FINDINGS OF OPERATION: Bronchogenic Carcinoma, Rt. lung.
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-23-, 1951, *to* 7-26-, 1951, *that I last saw the deceased alive on* 7-26-, 1951, *and that death occurred at* 4:50 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: C. D. Thomas Jr. M. D.
23B. ADDRESS: Mercy.
23C. DATE SIGNED: 7-26-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/30/51
24C. NAME OF CEMETERY OR CREMATORY: Woodlawn Cem.
24D. LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 27 1951
REGISTRAR'S SIGNATURE: Gertrude Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Sickener & Sons
ADDRESS: Balto. Md.

VS 150

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047C

PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

536
6585

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 6585

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Charles Schneider

2. DATE OF DEATH: 26 July 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hosp
C. Length of stay in Baltimore: 25 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1938 Perlman Place

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 25 May 1888
9. AGE (In years last birthday): 63 (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MEAT CUTTER
10B. KIND OF BUSINESS OR INDUSTRY: A & P MARKET (R)
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Christian Schneider
14. MOTHER'S MAIDEN NAME: Catherine Schik

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive Arteriosclerotic cardio. vascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Chronic glomerulonephritis = uremia

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1 July, 1951, *to* 26 July, 1951, *that I last saw the deceased alive on* 25 July, 1951, *and that death occurred at* 7 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: L. M. Simmons M. D.
23B. ADDRESS: Mercy
23C. DATE SIGNED: 26 July 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: July 28th 1951
24C. NAME OF CEMETERY OR CREMATORY: Baltimore
24D. LOCATION (City, town, or county) (State): E. North Ave Ext

DATE RECEIVED BY LOCAL REGISTRAR: JUL 27 1951
REGISTRAR'S SIGNATURE: Lucius Tom Williams, M.D.
25. FUNERAL DIRECTOR: Leo S. Cook
ADDRESS: 1701-03 N. Patterson Park Ave

VS 150

64 6A 0 6 5 7 A/21a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-200 51 6586

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6586

1. NAME OF DECEASED (Type or Print): CATHERINE BECK

2. DATE OF DEATH: 7/26/51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MERCY HOSP.
C. Length of stay in Baltimore: 60 Yrs. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY: 8 OK
C. CITY OR TOWN (If outside corporate limits write RURAL and give township): BALTO
D. STREET ADDRESS (If rural, give location): 1712 N. BRADFORD ST.

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 7/30/1891
9. AGE (In years last birthday): 60 — If Under 1 Year: Months: Days: Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MD.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Louis Buddenbohn
14. MOTHER'S MAIDEN NAME: Christina Upthoff.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

18. 175 X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardiac Failure — 12 hr.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) C. A. Ovary ⊼ metastasis — 6 mos. +

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 7/25/51
19B. MAJOR FINDINGS OF OPERATION: C.A. of Ovary ⊼ METASTASIS
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-25, 1951, *to* 7-26, 1951, *that I last saw the deceased alive on* 7-26, 1951, *and that death occurred at* 8 am *m., from the causes and on the date stated above.*

23A. SIGNATURE: Margaret Lee Shepard M. D.
23B. ADDRESS: Mercy Hospital
23C. DATE SIGNED: 7-26-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: July 30th 1951
24C. NAME OF CEMETERY OR CREMATORY: Baltoleum
24D. LOCATION (City, town, or county) (State): E. North Ave Cit

DATE RECEIVED BY LOCAL REGISTRAR: JUL 27 1951
REGISTRAR'S SIGNATURE: Lurington Williams, M.D.
25. FUNERAL DIRECTOR: Leo B. Cook
ADDRESS: 701-05 N. Patterson Park ave

VS 150

1951 006 049a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Med. Exams Case - Released to Hosp.

Q 500

51 6587

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6587

1. NAME OF DECEASED (Type or Print): Ada Queen

2. DATE OF DEATH: July 25, 51

3. PLACE OF DEATH: A. Baltimore City, Maryland Acc Room

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md.

B. COUNTY: 17-03

C. CITY OR TOWN (If outside corporate limits write RURAL and give township): Baltimore

D. STREET ADDRESS (If rural, give location): 809 Edmondson Ave

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 4-14-1886

9. AGE (In years last birthday): 65

If Under 1 Year: Months | Days

If Under 24 Hours: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Queen

14. MOTHER'S MAIDEN NAME: Mary Lloyd

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: JOHNS HOPKINS HOSPITAL

ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 1 year

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Arteriosclerotic Heart Dis.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 25, 1951, *to* July 25, 1951 *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 1:00 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: H. G. Langford M. D.

23B. ADDRESS: JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7/30/51

24C. NAME OF CEMETERY OR CREMATORY: Arbutus

24D. LOCATION (City, town, or county) (State): Arbutus, Md.

DATE RECEIVED BY LOCAL REGISTRAR:

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: Geo. G. Kelson

ADDRESS: 1303 Pressman St

JUL 27 1951

VS 150

To be approved by Med. Exam. 5 1 0 0 6 5 7 8

055 e

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

NOT A MEDICAL EXAMINER'S CASE

S. K. Dunlap

..... M.D.

CHIEF OR ASS'T MEDICAL EXAMINER

245
51 6588

51 6588

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mary Coughlin

2. DATE OF DEATH: 7/26/51

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 635 Woodington Rd.

C. Length of stay in Baltimore: 60 yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 635 Woodington Road

16-08

5. SEX: Male
6. COLOR OR RACE: white.
7. ~~SINGLE, MARRIED,~~ WIDOWED ~~DIVORCED~~ (Specify): Widowed
8. DATE OF BIRTH: 12/22/1866.
9. AGE (In years last birthday): 84. If Under 1 Year: Months, Days. If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): house work
10B. KIND OF BUSINESS OR INDUSTRY: at home.
11. BIRTHPLACE (State or foreign country): Ireland.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: John J. O'Connor
14. MOTHER'S MAIDEN NAME: Bridget Roache
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Mr. Joseph J. Coughlin ADDRESS: 3931 Windsor Ave

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 420.1

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Occlusion acute — INTERVAL BETWEEN ONSET AND DEATH: Immediate

DUE TO

ANTECEDENT CAUSES

(B) Arteriosclerotic hypertensive — Years?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO C.V. Disease. Auricular Fibrillation

(C) Senility.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 31st Mar., 1951, *to* 26 July, 1951, *that I last saw the deceased alive on* 26 July, 1951, *and that death occurred at* 12:45 P.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Joseph E. Muse Jr. M. D.
23B. ADDRESS: 5 West 29th St.
23C. DATE SIGNED: 26 July 51

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 7/31/51.
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral Cem.
24D. LOCATION (City, town, or county) (State): 4300 Old Frederick Road

DATE RECEIVED BY LOCAL REGISTRAR: JUL 27 1951
REGISTRAR'S SIGNATURE: Lurlington Williams, M.D.
25. FUNERAL DIRECTOR: John J. Howard Sr.
ADDRESS: 1300 Hollins St.

VS 150

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093d

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M 416

51 6589

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6589

BIRTH NO.

1. NAME OF DECEASED (Type or Print): CARL J. MUHLBAUER

2. DATE OF DEATH: 7-25-51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): UNIVERSITY HOSPITAL
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD
B. COUNTY: HOWARD 63-00
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MARRIDTSVILLE
D. STREET ADDRESS (If rural, give location): TUNNEL ROAD

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: Jan. 6, 1889
9. AGE (In years last birthday): 62 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): GERMANY
12. CITIZEN OF WHAT COUNTRY? Z

13. FATHER'S NAME: — Muhlbauer
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Z (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 217072949
17. INFORMANT: Frank Muhlbauer, ADDRESS: 2506 Riggs Ave. Baltimore 16, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CEREBRAL HEMORRHAGE — 12 HRS

DUE TO

ANTECEDENT CAUSES

(B) HYPERTENSION

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) m. OF INJURY
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-25, 1951, *to* 7-25, 1951, *that I last saw the deceased alive on* 7-25, 1951, *and that death occurred at* 11:10 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: Chas. M. Shuman M. D.
23B. ADDRESS: University Hospital
23C. DATE SIGNED: 7-26-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: July 30/51
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park, 3801 Frederick Rd.
24D. LOCATION (City, town, or county) (State): Balto. 29, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 27 1951
REGISTRAR'S SIGNATURE: Cuthbert Williams, M.D.
25. FUNERAL DIRECTOR: Harry A. Mitchell
ADDRESS: 4101 Edmondson Av

VS 150

5/10/10 0 6 5 7 8 0 8 3 a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K+624

51 6590

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 6590

Registered No.

1. NAME OF DECEASED (Type or Print): Marie K. Krekel

2. DATE OF DEATH: July 24/51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2803 Chelsea Terrace
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2803 Chelsea Terrace

1538

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Dec. 12, 1866
9. AGE (In years last birthday): 84 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Kuntz
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Albert Krekel, (SON) — ADDRESS: 2803 Chelsea Ter

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

DUE TO

ANTECEDENT CAUSES

(B) Cardio vascular disease — about 2 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 23, 1951 *to* July 24, 1951 *that I last saw the deceased alive on* July 24, 1951 *and that death occurred at* 10:30 m. *from the causes and on the date stated above.*

23A. SIGNATURE: Walter S. Tillett M. D.
23B. ADDRESS: 2220 Garrison Blvd
23C. DATE SIGNED: July 27/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: July 27/51
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park,
24D. LOCATION (City, town, or county) (State): 3801 Frederick Rd. Balto. 29, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 27 1951
REGISTRAR'S SIGNATURE: Lucretia Williams, M.D.
25. FUNERAL DIRECTOR: Harry H. Leitzke
ADDRESS: 4101 Edmondson Ave.

VS 150

25 0 6579

093D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AB-142540
51 6591

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6591

1. NAME OF DECEASED (Type or Print): George Hoffman (George A.Hoffman)

2. DATE OF DEATH: 7-26-51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 4940 Eastern Ave.,(Baltimore City Hospitals

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married(Separated)
8. DATE OF BIRTH: Aug. 2-~~1871~~ 1873
9. AGE (in years last birthday): ~~79~~ 77 — If Under 1 Year: Months II, Days 24, Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Balto:City Employee
11. BIRTHPLACE (State or foreign country): Baltimore Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: George Hoffman
14. MOTHER'S MAIDEN NAME: Maggie McGee
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Records: ADDRESS: Baltimore City Hospitals 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pyelonephritis — INTERVAL BETWEEN ONSET AND DEATH: Unknown

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: (1)-2-29-51 (2)-3-28-51
19B. MAJOR FINDINGS OF OPERATION: (1)-Cataract extraction- (2)-Orchiectomy for Carcinoma of Prostate
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-18-, 1950, *to* 7-26-, 19 51 *that I last saw the deceased alive on* 7-26-, 19 51 *and that death occurred at* 9.50Am., *from the causes and on the date stated above.*

23A. SIGNATURE: R. S. Rogers M. D.
23B. ADDRESS: 4940 Eastern Ave. Baltimore City Hospitals -Balto.,Md.
23C. DATE SIGNED: 7-26-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-30-51
24C. NAME OF CEMETERY OR CREMATORY: St Peters Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore,Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 27 1951
REGISTRAR'S SIGNATURE: Curtis for Williams, M.D.
25. FUNERAL DIRECTOR: George J.Ruth,Inc.-1735 Harford Avenue
ADDRESS

VS 150

1951 0 0 0 6 5 8 0

051b

PLEASE WRITE LEGIBLY, WITH INDELIBLE INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

N 300
51 6592

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6592

BIRTH NO.

1. NAME OF DECEASED (Type or Print): CHARLES WHITE

2. DATE OF DEATH: July 26, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Johns Hopkins Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 343 Forrest Street

5-02

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: 7-27-1886
9. AGE (In years last birthday): 64
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Huckster
10B. KIND OF BUSINESS OR INDUSTRY: Wood
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles White
14. MOTHER'S MAIDEN NAME: Rachael Harmon

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: Bessie Stewart
ADDRESS: 1305 N. Washington St

MEDICAL CERTIFICATION

18. E981 X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral infarct
~~DUE TO~~

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Focal peritonitis
DUE TO bullet wound of abdomen
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Street
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Street in front of 343 Forrest Street
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): July 15, 1951 10:30P.m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR? Firearms

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [ ], *accident* [ ], *suicide* [ ], *homicide* [X] *undetermined* [ ].

23A. SIGNATURE: Stanley H. Dunlacher M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: July 26, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-29-51
24C. NAME OF CEMETERY OR CREMATORY: Arbutus Mem. Pk
24D. LOCATION (City, town, or county) (State): Arbutus, Md

DATE RECEIVED BY LOCAL REGISTRAR: JUL 27 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Joseph B. Rocks Jr.
ADDRESS: 1308 N. Central Ave

VS 151

N-868.4 430 674 166.0

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-650

51 6593

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6593

BIRTH NO.

1. NAME OF DECEASED (Type or Print): OLIVER . BROWN

2. DATE OF DEATH: 7/23/51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): UNIVERSITY Hosp.
C. Length of stay in Baltimore: 35 YRS. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY: BALTO CITY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 27-19
D. STREET ADDRESS (If rural, give location): 5604 MAGNOLIA AVE.

5. SEX: M
6. COLOR OR RACE: B
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: 8-12-1897
9. AGE (In years last birthday): 53
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HANDYMAN
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): PENNA.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: BASIL BROWN
14. MOTHER'S MAIDEN NAME: EMMA WILLIAMS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): UNKNOWN
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: EMMA BURKE
ADDRESS: BALTO, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

154X

(A) PULMONARY EMBOLUS

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) ABDOMINO-PERINEAL OPER.

DUE TO

(C) CARCINOMA of RECTUM

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

ARTERIOSCLEROTIC C.V. DISEASE

19A. DATE OF OPERATION: ✓
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 1, 1951, *to* July 23, 1951, *that I last saw the deceased alive on* July 23, 1951, *and that death occurred at* 11.25 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: Univ. Hosp. Balto, Md
23C. DATE SIGNED: 7.25.51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-28-51.
24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 27 1951
REGISTRAR'S SIGNATURE: Winston Williams, Md
25. FUNERAL DIRECTOR: Wm. G. Jackson
ADDRESS: 916 Penna. Ave

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1957 0996 006588 046d

N #452

51 6594

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6594

Registered No.

1. NAME OF DECEASED (Type or Print): Carrie Williams.

2. DATE OF DEATH: July 24, 1951.

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 222 N. Gilmon St.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 222 N. Gilmon St.

19-02

5. SEX: Femele
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single.
8. DATE OF BIRTH: March 23, 1903
9. AGE (In years last birthday): 48
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lions, Ga.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No.
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: David Williams. (son) ADDRESS: 222 N. Gilmon St

MEDICAL CERTIFICATION

18. 443X

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive Cardiovascular disease

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 24, 1951, *to* ——, 19__, *that I last saw the deceased alive on* July 24, 1951 *and that death occurred at* 3 45 p. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Dr Marcus W. Moore Sr. M. D.
23B. ADDRESS: 236 N. Carey St
23C. DATE SIGNED: 7/26/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/28/1951
24C. NAME OF CEMETERY OR CREMATORY: W. T. Chisam Cem.
24D. LOCATION (City, town, or county): Balto. (State): Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 27 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Mrs Katie R Williams
ADDRESS: 322 N Schroeder St

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

250 840 006585

093d

4-252

CERTIFICATE CORRECTED 10/26/51 ES

BLM-141214
51 6595
BIRTH NO.

51 6595

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): Ella Pauline Hawkins

2. DATE OF DEATH: 7/25/51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Avenue
C. Length of stay in Baltimore: life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): Homeless 26-12

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March 27, 1875
9. AGE (In years last birthday): 76 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Joseph E. Bond
14. MOTHER'S MAIDEN NAME: Margaret Robins
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Records: B.C.H. 4940 Eastern Avenue — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 585X

(A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (over)

19A. DATE OF OPERATION: 6/21/51
19B. MAJOR FINDINGS OF OPERATION: Empyema of gall bladder
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/13, 1950, *to* 7/25, 1951, *that I last saw the deceased alive on* 7/25, 1951, *and that death occurred at* 3:45 AM., *from the causes and on the date stated above.*

23A. SIGNATURE: A. S. Rozen M. D.
23B. ADDRESS: 4940 Eastern Avenue
23C. DATE SIGNED: 7/25/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/28/1951
24C. NAME OF CEMETERY OR CREMATORY: Laurel Cem.
24D. LOCATION (City, town, or county) (State): Balto Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 27 1951
REGISTRAR'S SIGNATURE: Lucretia Williams, M.D.
25. FUNERAL DIRECTOR: Mrs Katie R. Williams
ADDRESS: 3221 Schroeder St

VS 150

127a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

See Document File 51-6595
10/26/51 ES

S 530
51 6596

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 6596
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Alfred Smith.

2. DATE OF DEATH: July 25, 1951.

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1118 W. Lexington St.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1118 W. Lexington St.

5. SEX: Male
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 15, 1913
9. AGE (In years last birthday): 38
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Longshoreman
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore,
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Smith.
14. MOTHER'S MAIDEN NAME: Estella Sugars.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Vivan Smith.
ADDRESS: 1118 W. Lexington St.

MEDICAL CERTIFICATION

18. 420.1

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1/2 hour
DUE TO

ANTECEDENT CAUSES

(B) Hypertension — 1 8 months
DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 15, 1949 to July 25, 1951 that I last saw the deceased alive on May 15, 1951 and that death occurred at 2:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE: W. H. Watts M. D.
23B. ADDRESS: 5154 Lexington
23C. DATE SIGNED: 7/26/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: July 29, 1951
24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 27 1951
REGISTRAR'S SIGNATURE: Lucretia Williams, M.D.
25. FUNERAL DIRECTOR: Mrs Katie R. Williams
ADDRESS: 322 N. Schroeder St

VS 150

94055

094a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

D-435

51 6597

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6597

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): VINCENT DE PAUL DALTON

2. DATE OF DEATH: July 26, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): US Public Health Service Hospital
Wyman Pk. Drive & 31st St.
c. Length of stay in Baltimore: 28 yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3919 Colborne Road

1608 colbourne

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1/7/96
9. AGE (In years last birthday): 55 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Policeman
10B. KIND OF BUSINESS OR INDUSTRY: Baltimore City
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas J. Dalton
14. MOTHER'S MAIDEN NAME: Elizabeth O'Connor

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Yes (If yes, give war or dates of service): WW I USA
16. SOCIAL SECURITY NO.: ?
17. INFORMANT: Records- US Marine Hospital, Balto, Md. ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

757.1

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Polycystic disease of kidneys — INTERVAL BETWEEN ONSET AND DEATH: Congenital

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION ✓
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 22, 1951, *to* July 26, 1951, *that I last saw the deceased alive on* July 26, 1951, *and that death occurred at* 4:20A *m., from the causes and on the date stated above.*

23A. SIGNATURE: John L. Wilson, Medical Director M. D.
23B. ADDRESS: U.S. PHS Hospital, Balto, Md.
23C. DATE SIGNED: 7/26/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/30/51
24C. NAME OF CEMETERY OR CREMATORY: St. Joseph's Cemetery
24D. LOCATION (City, town, or county) (State): Texas, Maryland.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 27 1951
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: H. H. Means and Son — ADDRESS: 8057 N. Calvert St

VS 150

773 93 6 5 6 6

157 h

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

560

51 6598

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6598

1. NAME OF DECEASED (Type or Print): CATHERINE W. SANNER

2. DATE OF DEATH: July 26, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4700 HARFORD Rd.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 27-46
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTO
D. STREET ADDRESS (If rural, give location): 517 HARWOOD AVE

5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOW.
8. DATE OF BIRTH: Mar. 21 1859
9. AGE (In years last birthday): 92
If Under 1 Year: Months: Days:
If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): BALTIMORE
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: John Mehe
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Mr. EDW. R. SANNER, ADDRESS: 2812 PARKLEW. TERR.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Thrombosis
DUE TO
(B) Arteno-Sclerosis Generalized
DUE TO
(C) Senility.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 16 51, 19__, to July 26 51, 19__, that I last saw the deceased alive on July 25, 1951, and that death occurred at 11:15 A m., from the causes and on the date stated above.

23A. SIGNATURE: Walter C. Anderson M. D.
23B. ADDRESS: 300 Thomas Drive (13)
23C. DATE SIGNED: 7-27-51

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 7/28/51
24C. NAME OF CEMETERY OR CREMATORY: Druid Ridge
24D. LOCATION (City, town, or county) (State): Reisterstown Rd. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 27 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Mildred J. Blight
ADDRESS: 6009 Harford Rd

VS 150

1951 0 0 6 5 8 7

083

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3001 [illegible]

516
51 6599

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6599

Registered No.

1. NAME OF DECEASED (Type or Print): Henry E Lambright

2. DATE OF DEATH: July 25, 1951

3. PLACE OF DEATH: A. Baltimore City, Maryland 1448 Patapsco St

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto
D. STREET ADDRESS (If rural, give location): 1448 Patapsco St

23-02

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Male	White	Married	July 16, 1883	68				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Watchman

10B. KIND OF BUSINESS OR INDUSTRY: Swindell Bro Glass Company

11. BIRTHPLACE (State or foreign country): Balto

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: William B. Lambright (M)

14. MOTHER'S MAIDEN NAME: Elizabeth Holtgreve

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No

(If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 215-03-3082

17. INFORMANT: Lena Lambright ADDRESS: 1448 Patapsco St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

434.3

(A) Myocardial Insufficiency

DUE TO

(B) Mitral Insufficiency

DUE TO

(C) Cardiac hypertrophy

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. —

19A. DATE OF OPERATION —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH —

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) —

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) —

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* July 18, 1951, *to* July 25, 1951, *that I last saw the deceased alive on* July 25, 1951, *and that death occurred at* 9:20 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: John C. Schewrich M. D.

23B. ADDRESS: 1337 S. Charles St

23C. DATE SIGNED: 7/27/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Buried

24B. DATE: July 25, 1951

24C. NAME OF CEMETERY OR CREMATORY: Loudon Pk Cem.

24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: JUL 27 1951

REGISTRAR'S SIGNATURE: Curtis Jon Williams, M.D.

25. FUNERAL DIRECTOR: A. Garnet Evans ADDRESS: 1410 Sharlton St Balto 30, Md.

VS 150

76335 0 0 9.2 6 B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

400 51 6600 51 6600

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Milton K. Hill

2. DATE OF DEATH: July 26, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3421 University Place
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 12-02
D. STREET ADDRESS (If rural, give location): 3421 University Place

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Nov. 2, 1892
9. AGE (In years last birthday): 58 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mgr. & Treas.
10B. KIND OF BUSINESS OR INDUSTRY: Warehouse-Railroad
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wm. T. Hill
14. MOTHER'S MAIDEN NAME: Sally A. Knox

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): yes (If yes, give war or dates of service): 1st World War
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Mary F. Hill — ADDRESS: 3421 University Place

MEDICAL CERTIFICATION

18. 153 X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

I (A) CARCINOMA COLON — 2 YRS

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 1949
19B. MAJOR FINDINGS OF OPERATION: CARCINOMA COLON
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* SEPT. 7, 1949, *to* JULY 26, 1951 *that I last saw the deceased alive on* JULY 26, 1951 *and that death occurred at* 9 A. *m., from the causes and on the date stated above.*

23A. SIGNATURE: Stuart J. Sydney M.D.
23B. ADDRESS: 201 EAST 33rd ST.
23C. DATE SIGNED: JULY 27 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/28/51
24C. NAME OF CEMETERY OR CREMATORY: Moreland Mem. Pk.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 27 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Tichner & Sons
ADDRESS: Balto. Md.

VS 150

2505 0 6 8 9

530

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6601

BIRTH NO.

1. NAME OF DECEASED (Type or Print): WILLIAM HUNT

2. DATE OF DEATH: July 25, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore: 35 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 4-02
D. STREET ADDRESS (If rural, give location): 782 Saratoga Street

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 11/20/1900
9. AGE (In years last birthday): 50
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dock Builder
10B. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Elizabeth City, N.C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Elijah Hunt
14. MOTHER'S MAIDEN NAME: Caroline Hunt

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Martha Hunt
ADDRESS: 960 W. Franklin

MEDICAL CERTIFICATION

18. E98 X1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Stab wound of chest

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Street
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Found in front of 778 W. Saratoga St.
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): July 25, 1951 9:15 P.m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR? Sharp instrument

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [ ], suicide [ ], homicide [X], undetermined [ ].*

23A. SIGNATURE: Stanley B. Duckworth M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: July 25, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-29-51
24C. NAME OF CEMETERY OR CREMATORY: Arbutus Mem. Pk.
24D. LOCATION (City, town, or county) (State): Arbutus, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 27 1951
REGISTRAR'S SIGNATURE: Lillington Williams, M.D.
25. FUNERAL DIRECTOR: Charles R. Law
ADDRESS: 802 Mad

VS 151

N-862X SP 5240 167.0

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-245

51 6602

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6602

1. NAME OF DECEASED (Type or Print): Julia A. McGlone

2. DATE OF DEATH: July 26, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2713 N. Calvert Street
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2713 N. Calvert Street

12 03

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: May 8, 1867
9. AGE (In years last birthday): 84 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore County, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Clement F. Bussey
14. MOTHER'S MAIDEN NAME: Mary Cockey

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Henry B. McGlone, Jr., ADDRESS: 2713 N. Calvert St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 10 days

DUE TO

(B) Cerebral Arteriosclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY: YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 16, 1951, *to* July 26, 1951, *that I last saw the deceased alive on* July 25, 1951, *and that death occurred at* 3 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Geo. V. Harvey M. D.
23B. ADDRESS: 119 Medical Arts Bldg.
23C. DATE SIGNED: July 27, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 7/28/51
24C. NAME OF CEMETERY OR CREMATORY: St. Joseph's Cemetery
24D. LOCATION (City, town, or county) (State): Texas, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: JUL 27 1951
REGISTRAR'S SIGNATURE: Lucretia Williams, M.D.
25. FUNERAL DIRECTOR: Wm. Cole, Inc., ADDRESS: 1217 St. Paul Street

VS 150

1951 006591 083a

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-532
51 6603
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 6603

1. NAME OF DECEASED (Type or Print): Agatine Mantegna
2. DATE OF DEATH: 7-26-51

3. PLACE OF DEATH:
A. Baltimore City, Maryland ✓
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lutheran Hosp. of Md.
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 10-01
D. STREET ADDRESS (If rural, give location): 602 E. Chase St. #2

5. SEX: M
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1883
9. AGE (In years last birthday): 68
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Gen.
11. BIRTHPLACE (State or foreign country): Italy
12. CITIZEN OF WHAT COUNTRY? ✓

13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: [redacted] ADDRESS: [redacted] Kane

MEDICAL CERTIFICATION

18. 490X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Dissecting Abdominal Aneurysm. Aorta — 1½ days
DUE TO
(B) Cardiac Failure — 10 days.
DUE TO
(C) Lobar Pneumonia

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-25, 1951 *to* 7-26, 1951, *that I last saw the deceased alive on* 7-26, 1951, *and that death occurred at* 11 35 *p.m., from the causes and on the date stated above.*

23A. SIGNATURE: Thos M Reese M. D.
23B. ADDRESS: Lutheran Hosp.
23C. DATE SIGNED: 7-26-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/30/51
24C. NAME OF CEMETERY ~~CRECREMATORY~~: Holy Redeemer
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: JUL 27 1951
REGISTRAR'S SIGNATURE: Curtis Williams, M.D.
25. FUNERAL DIRECTOR: Wm. Cook, Inc. ADDRESS: 1217 E. Paul St.

VS 150

97099 0 0 6 5 9 2 0 7

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-250
51 6604

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 6604

1. NAME OF DECEASED (Type or Print): MARY K. HOGAN

2. DATE OF DEATH: 7-26-51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore: 35 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 7 E. Preston St.

11-02

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1889
9. AGE (In years last birthday): 62 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: James B. Kelly
14. MOTHER'S MAIDEN NAME: Anna Dougherty
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.
17. INFORMANT: Husband — ADDRESS

MEDICAL CERTIFICATION

18. 572.1

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cardio-respiratory Fatigue — 3 wks.
DUE TO
(B) Generalized toxemia — 3 wks.
DUE TO
(C) Ruptured Sigmoid Diverticulum

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Hypertensive - Artsc. Heart Disease

19A. DATE OF OPERATION: 6/3/51
19B. MAJOR FINDINGS OF OPERATION: Perforated Sigmoid Diverticulum
20. AUTOPSY? YES ☑ NO ☐
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-1, 1951, *to* 7-26, 1951, *that I last saw the deceased alive on* 7-26, 1951, *and that death occurred at* 9 AM *m., from the causes and on the date stated above.*

23A. SIGNATURE: Cooper D. Scott M. D.
23B. ADDRESS: University Hospital
23C. DATE SIGNED: 7-26-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/28/51
24C. NAME OF CEMETERY OR CREMATORY: Cathedral
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 27 1951
REGISTRAR'S SIGNATURE: Winston Williams, M.D.
25. FUNERAL DIRECTOR: Wm Cook Inc. — ADDRESS: 1217 St. Paul St.

VS 150

1951 006 528.8

PLEASE WRITE FINALLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-635

51 6605

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6605

1. NAME OF DECEASED (Type or Print): Katherine Courtney

2. DATE OF DEATH: 7/26/51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hosp.
C. Length of stay in Baltimore: — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: md
B. COUNTY: Baltimore City
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 106 N. Greene St.

4-02

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: 1870
9. AGE (In years last birthday): 81
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): South Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Jographon Hasell
14. MOTHER'S MAIDEN NAME: Katherine Mortimer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Pt
ADDRESS: Same

MEDICAL CERTIFICATION

1B. 443 X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Heart failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive C.V.D.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/12, 1951, *to* 7-26, 1951 *that I last saw the deceased alive on* 7-26, 1951 *and that death occurred at* 2:30 p. m., *from the causes and on the date stated above.*

23A. SIGNATURE: A B Richardson M. D.
23B. ADDRESS: University Hosp
23C. DATE SIGNED: 7/27/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-30-51
24C. NAME OF CEMETERY OR CREMATORY: Lorraine Park
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: JUL 27 1951
REGISTRAR'S SIGNATURE: Cuthbertson Williams, M.D.
25. FUNERAL DIRECTOR: Wm. Cook Inc.
ADDRESS: 1217 St. Paul St

VS 150

1951 000 8932

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-100

51 6606

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X Registered No. 51 6606

1. NAME OF DECEASED (Type or Print): Rupp Carrie I.

2. DATE OF DEATH: 7/27/51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hosp.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Carroll
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hampstead 56-00
D. STREET ADDRESS (If rural, give location):

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: June 14 1897
9. AGE (In years last birthday): 54 yrs
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: George B Spencer
14. MOTHER'S MAIDEN NAME: Jane Taylor
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No.
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Richard R Rupp
ADDRESS: Hampstead

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary Edema. — INTERVAL BETWEEN ONSET AND DEATH: 32 hrs

DUE TO

ANTECEDENT CAUSES

(B) Coronary Thrombosis. — 32 hrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Chronic Cong. Heart Failure — 10 years

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: None.
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 26, 1951, *to* July 27, 1951, *that I last saw the deceased alive on* July 27, 1951, *and that death occurred at* 2 45 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: Joseph C Fitzgerald M. D.
23B. ADDRESS: Univ. Hospital
23C. DATE SIGNED: 3:10

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/30/51
24C. NAME OF CEMETERY OR CREMATORY: Hampstead
24D. LOCATION (City, town, or county) (State): Carroll Co Md

DATE RECEIVED BY LOCAL REGISTRAR: JUL 28 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Edw. C. Tipton
ADDRESS: Hampstead Md.

VS 150

1951 0006595

094.a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

230
51 6607

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 6607
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Louis Yogt
2. DATE OF DEATH: July 27, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1928 Frederick Ave.
C. Length of stay in Baltimore: Yrs. Mos. Days — Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1928 Frederick Ave.

20 03

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: October 2, 1890
9. AGE (In years last birthday): 60 — If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chauffeur
10B. KIND OF BUSINESS OR INDUSTRY: Taxicabs
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: George H. Yogt
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 213-05-7958
17. INFORMANT: Mrs. Jennie M. Yogt — ADDRESS: 1928 Frederick Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Intestinal Obstruction — INTERVAL BETWEEN ONSET AND DEATH: 10 days
DUE TO
(B)
DUE TO
(C) carcinoma of pancreas — unknown

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

157 X

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 9-15-50.
19B. MAJOR FINDINGS OF OPERATION: Malignancy of pancreas
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-15-50, 19__, *to* 7-27-51, 19__, *that I last saw the deceased alive on* July 27, 1951, *and that death occurred at* 9:40 Am., *from the causes and on the date stated above.*

23A. SIGNATURE: Nathan Roeusin, M. D.
23B. ADDRESS: 206 S. Gilmor St.
23C. DATE SIGNED: 7-27-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-30-51
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 28 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Geo. L. Schwab — ADDRESS: 2191 Frederick Ave

VS 150

68254

0469

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

460

51 6608

BIRTH NO. 1502114 BC. 51-15377

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6608

1. NAME OF DECEASED (Type or Print): Baby Girl Taylor (Lila)

2. DATE OF DEATH: July 11, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Avenue
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 702 Hanover St.

22-01

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 7-10-51
9. AGE (In years last birthday): If Under 1 Year: Months / Days: 1 / If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Joseph Taylor
14. MOTHER'S MAIDEN NAME: Lila Bessant

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Baltimore City Hospitals Records
ADDRESS: 4940 Eastern Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

776X

(A) Prematurity — INTERVAL BETWEEN ONSET AND DEATH: Life

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-10, 1951, *to* 7-11, 1951 *that I last saw the deceased alive on* 7-11, 1951, *and that death occurred at* 4:23pm, *from the causes and on the date stated above.*

23A. SIGNATURE: J. A. Rogers M. D.
23B. ADDRESS: 4940 Eastern Avenue
23C. DATE SIGNED: 7-20-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24B. DATE: 7-19-51
24C. NAME OF CEMETERY OR CREMATORY: B.C.H. Crematory
24D. LOCATION (City, town, or county) (State): 4940 Eastern Avenue

DATE RECEIVED BY LOCAL REGISTRAR: JUL 28 1951
REGISTRAR'S SIGNATURE: Lucretia Williams, M.D.
25. FUNERAL DIRECTOR:
ADDRESS:

VS 150

1951 00065 97

159.0

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

15377

W-623

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 51 6609 B.C. 51-15987

X Registered No. 51 6609

1. NAME OF DECEASED (Type or Print): BABY BOY WRIGHT

2. DATE OF DEATH: 13 July 51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): The Union Memorial Hospital
C. Length of stay in Baltimore: Yrs. ; Mos. ; Days: Newborn

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Balto.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
D. STREET ADDRESS (If rural, give location): 8011 Ridgely Oak Rd.

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 12 July 1951
9. AGE (In years last birthday): 0
If Under 1 Year: Months: Days: 1
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Newborn
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James A. Wright
14. MOTHER'S MAIDEN NAME: Emma Maria Riley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): 0
(If yes, give war or dates of service): 0
16. SOCIAL SECURITY NO.: 0
17. INFORMANT: Hospital record
ADDRESS:

MEDICAL CERTIFICATION

18. 762.0

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bilateral complete atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 1 day

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION: 0
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH: 0
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): 0
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 0
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: 0
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR? 0

22. I hereby certify that I attended the deceased from 12 July 1951, to 13 July, 1951, that I last saw the deceased alive on 13 July, 1951 and that death occurred at 12:15 P m., from the causes and on the date stated above.

23A. SIGNATURE: A. J. Nash M.D. M. D.
23B. ADDRESS: Union Memorial Hosp.
23C. DATE SIGNED: 13 July 51

24A. BURIAL, CREMATION, REMOVAL (Specify): Cremated
24B. DATE: 7-15-51
24C. NAME OF CEMETERY OR CREMATORY: Union Mem. Hosp.
24D. LOCATION (City, town, or county) (State): Balto. 18, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 28 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Nancy M. Allman
ADDRESS: Dept. of Pathology

VS 150

1951 06128

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B 250

51 6610

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6610

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): John Bacon

2. DATE OF DEATH: July 24, 1951

3. PLACE OF DEATH: A. Baltimore City, Maryland HAL RIR

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If in institution, residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 3-01
D. STREET ADDRESS (If rural, give location): 133 S. SPRING St.

5. SEX: MALE
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: 8-10-62
9. AGE (In years last birthday): 88
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER
10B. KIND OF BUSINESS OR INDUSTRY: IN GENERAL
11. BIRTHPLACE (State or foreign country): PENN.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: DAVID BACON
14. MOTHER'S MAIDEN NAME: PRISCELLA WILLIAMS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: JOHNS HOPKINS HOSPITAL
ADDRESS

MEDICAL CERTIFICATION

18. 420.1

CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Occlusion
DUE TO
(B) Hypotension
DUE TO
(C) Arteriosclerosis

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Cholecystitis & Cholelithiasis

19A. DATE OF OPERATION: 7-23-51
19B. MAJOR FINDINGS OF OPERATION: Cholecystitis Cholelithiasis
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-23-, 1951, *to* 7-24-, 1951, *that I last saw the deceased alive on* 7-24-, 1951, *and that death occurred at* 5 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: Barney Williams M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 7-26-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-28-51
24C. NAME OF CEMETERY OR CREMATORY: Mt Calvary Cem
24D. LOCATION (City, town, or county) (State): Brooklyn Md

DATE RECEIVED BY LOCAL REGISTRAR: JUL 28 1951
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Chas D. Wilson
ADDRESS: 3000 Brooklyn Ave

VS 150

126.0

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-561

51 6611

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 6611

1. NAME OF DECEASED (Type or Print): W. ELIJAH SUMMERVILLE (Somerville)

2. DATE OF DEATH: July 27, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: HARFORD 62-00
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bel Air.
D. STREET ADDRESS (If rural, give location):

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 12, 1868
9. AGE (In years last birthday): 82
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: Surveyor
11. BIRTHPLACE (State or foreign country): Emmorton, Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Henry Clay Somerville
14. MOTHER'S MAIDEN NAME: Laura Anne Magness

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Miss Lillian Somerville - Above
ADDRESS:

MEDICAL CERTIFICATION

18. E816.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Rupture of diaphragm and spleen

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Multiple abrasions and contusions

(C) Fracture of left femur

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Highway
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Benson, Md. Route #1 at Whitaker Mill Road 62-00
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): 7/27/51 a. m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR? Auto and tractor-trailor collision

22. *I certify that I took charge of the remains described above, held an* Partial Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [ ], *accident* [X], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: Stanley H. Duncanson M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: 7/27/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/30/51
24C. NAME OF CEMETERY OR CREMATORY: Mountain Christian Cem.
24D. LOCATION (City, town, or county) (State): Joppa, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 28 1951
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Walter H. Archer
ADDRESS: Benson, Md.

VS 151

N-869.2 170-C

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

512

51 6612

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6612

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Rosario Genovese

2. DATE OF DEATH: July 26, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland Baltimore, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2056 Whistler Avenue
c. Length of stay in Baltimore: 37 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2056 Whistler Avenue

25-43

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 13, 1883
9. AGE (In years last birthday): 67 — If Under 1 Year: Months 7, Days 13 — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Gen.
11. BIRTHPLACE (State or foreign country): Italy
12. CITIZEN OF WHAT COUNTRY? Italy
13. FATHER'S NAME: James
14. MOTHER'S MAIDEN NAME: Curreri
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 220-03-3075
17. INFORMANT: Anthony Genovese, ADDRESS: 2056 Whistler Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive cardio-vascular disease. — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Cerebral vascular accident; probably a thrombosis. (11 days)

DUE TO

(C) -

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: - 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 14, 1951, *to* July 25, 1951, *that I last saw the deceased alive on* July 25, 1951, *and that death occurred at* 5 A.M. *m., from the causes and on the date stated above.*

23A. SIGNATURE: Joseph H. Kunz M. D.
23B. ADDRESS: 3030 Edmondson Avenue
23C. DATE SIGNED: July 27, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: July 30, 1951
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral Cemetery
24D. LOCATION (City, town, or county) (State): Old Frederick Rd., Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 28 1951
REGISTRAR'S SIGNATURE: Curtis for Williams, M.D.
25. FUNERAL DIRECTOR: Joseph Farace, Inc., ADDRESS: 2013 Greenmount Ave.

VS 150

5 97099 0 6 6 0 1
093d

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Q 236
51 6613

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 6613

1. NAME OF DECEASED (Type or Print): HARRY WM. QUASTER

2. DATE OF DEATH: July 26, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland 2721 Eastern Ave.,
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
C. Length of stay in Baltimore (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2721 Eastern Ave.,

1-03

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 30, 1888
9. AGE (In years last birthday): 63 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ticket taker
10B. KIND OF BUSINESS OR INDUSTRY: Moving pictures
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Quaster
14. MOTHER'S MAIDEN NAME: Johannah

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nokoowo): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Maried Quaster — ADDRESS: 2721 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 hours
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 3, 1948 to July 26, 1951 that I last saw the deceased alive on July 26, 1951 and that death occurred at 5 P. m., from the causes and on the date stated above.

23A. SIGNATURE: Benjamin Sankin M. D.
23B. ADDRESS: 2138 W. North Ave
23C. DATE SIGNED: 7/27/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: July 30, 1951
24C. NAME OF CEMETERY OR CREMATORY: Parkwood
24D. LOCATION (City, town, or county) (State): Parkville, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 28 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Ullrich Funeral Home — ADDRESS: 2008 Orleans St.,

VS 150

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094a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

250

BIRTH NO. 51 6614

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6614

1. NAME OF DECEASED (Type or Print): ROSE HELENA LUCKAN

2. DATE OF DEATH: July 27, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland 4700 Harford Road
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Harford Convalescent Home
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 516 N. Luzerne Ave.,

7-02

5. SEX: Female
6. COLOR OR RACE: Whote
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 28, 1878
9. AGE (In years last birthday): 72 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Henry Leineman
14. MOTHER'S MAIDEN NAME: Reinelt Johnsen
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: John Leineman — ADDRESS: Long Point, Pasadena, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral hemorrhage

DUE TO

(B) Arteriosclerotic C.V.D.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. *, 1950, to* July 27 *, 1951, that I last saw the deceased alive on* July 26 *, 1951, and that death occurred at* 7:30 *p.m., from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: 4718 Harford Rd
23C. DATE SIGNED: 7-27-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: July 30, 1951
24C. NAME OF CEMETERY OR CREMATORY: Mt. Carmel
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 28 1951
REGISTRAR'S SIGNATURE: Winterton Williams, M.D.
25. FUNERAL DIRECTOR: Ullrich Funeral Home — ADDRESS: 2008 Orleans St.

6603

VS 150

093d

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

P-636

51 6615

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6615

1. NAME OF DECEASED (Type or Print): HERBERT PORTER

2. DATE OF DEATH: July 27, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Provident Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 748½ W. Satatoga Street

4-0

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Feb. 16 1929
9. AGE (In years last birthday): 22 — If Under 1 Year: Months 5, Days, Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Laborer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Clarence Porter
14. MOTHER'S MAIDEN NAME: Emma Porter

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Carrie Porter RR ADDRESS Annapolis

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

E981X

(A) Bullet wound of chest

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Tavern
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 2000 Harlem Avenue
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): 7/27/51 m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR?: Firearms

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [ ], suicide [ ], homicide [X], undetermined [ ].*

23A. SIGNATURE: Stanley B. Duncan M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: 7-27-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: July 30 1951
24C. NAME OF CEMETERY OR CREMATORY: Mt Calvary
24D. LOCATION (City, town, or county) (State): St. Margretts, A. & G.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 28 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: J. B. Johnson
ADDRESS: Annapolis

VS 151

N-862.4

PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R 326

51 6616

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6616

1. NAME OF DECEASED (Type or Print): ESTELLE M. RODGERS

2. DATE OF DEATH: July 26, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ivy Hall Apts. 10 E. 33rd St.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 10 E. 33rd St.

12-07

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: Oct. 13,
9. AGE (In years last birthday): about 78
If Under 1 Year: Months, Days
If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John S. Rodgers
14. MOTHER'S MAIDEN NAME: Margaret A. Fryfogle

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Miss Edith F. Rodgers - 206 Church Lane ADDRESS Pikesville

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

163 X

(A) Carcinoma of the lung (left) — INTERVAL BETWEEN ONSET AND DEATH: 9 Months

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Arteriosclerotic Heart Disease — 5 years

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* July, 1946 *to* July 26, 1951 *that I last saw the deceased alive on* July 25, 1951, *and that death occurred at* 5 45 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE: W. Grafton Hersperger M. D.
23B. ADDRESS: 214 Medical Arts Building
23C. DATE SIGNED: 7/27/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/28/51
24C. NAME OF CEMETERY OR CREMATORY: Mt. Olive Cem.
24D. LOCATION (City, town, or county) (State): Randallstown, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 28 1951
REGISTRAR'S SIGNATURE: Austin Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Tickner & Sons
ADDRESS: 847 Laclo. Md.

VS 150

1951 000 6 5 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K-510
51 6617

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 6617

1. NAME OF DECEASED (Type or Print): AGNES MAY KNAUFF

2. DATE OF DEATH: July 27, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2820 Alvarado Square
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2820 Alvarado Square

27 67

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Apr. 17, 1859
9. AGE (In years last birthday): 92 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: David Nicol
14. MOTHER'S MAIDEN NAME: Sarah A. Farrow

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: no
17. INFORMANT: Mrs. Edwin T. Sickel — ADDRESS: 2820 Alvarado Sq.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chronic Myocarditis — Des Ignota

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 1, 19 51, *to* July 27, 19 51, *that I last saw the deceased alive on* July 26, 19 51, 19____, *and that death occurred at* 6 a.m. *from the causes and on the date stated above.*

23A. SIGNATURE: Harry C Hoenk, M. D.
23B. ADDRESS: 1929 W Mount Ln
23C. DATE SIGNED: July 27, 51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/30/51
24C. NAME OF CEMETERY OR CREMATORY: Woodlawn Cem.
24D. LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 28 1951
REGISTRAR'S SIGNATURE: Cuthbert Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Vickers & Sons — ADDRESS: Balto, Md

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

T 9 5 1 0 0 6 6 8 9 6 d

C-616

51 6618

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6618

1. NAME OF DECEASED (Type or Print): HARRISON W. CRAVER

2. DATE OF DEATH: July 27, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 212 Stoney Run Lane
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3333 N. Charles St.

12-02

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Aug. 10, 1875
9. AGE (In years last birthday): 75
If Under 1 Year: Months: Days:
If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Director engineering societies
10B. KIND OF BUSINESS OR INDUSTRY: Library-New York
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Harrison E. Craver
14. MOTHER'S MAIDEN NAME: Caroline Weirauch

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): –
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Adelaide N. M. Craver
ADDRESS: 3333 N. Charles S

MEDICAL CERTIFICATION

18. 420.0

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 4 years

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Cerebrovascular accidents — 4, 3 + 2 yrs.

DUE TO

(C) Generalized arteriosclerosis.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April *, 1949, to* 27 July *, 1951, that I last saw the deceased alive on* 27 July *, 1951, and that death occurred at* 5 25 p *m., from the causes and on the date stated above.*

23A. SIGNATURE: J. Douglas Lockard M. D.
23B. ADDRESS: 802 Cathedral St.
23C. DATE SIGNED: 27 July, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24B. DATE: 7/30/51
24C. NAME OF CEMETERY OR CREMATORY: Greenmount Crem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 28 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Pickenpaugh & Sons
ADDRESS: 6 S. Dolphin St. Balto. Md.

VS 150

PLEASE WRITE IN ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-526

51 6619

B.C. 51-16912

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X Registered No. 51 6619

BIRTH NO.

1. NAME OF DECEASED (Type or Print): BABY GIRL JOANA BAUMGARTNER

2. DATE OF DEATH: 7/27/51

3. PLACE OF DEATH:
A. Baltimore City, Maryland LUTHERAN HOSP.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Balto.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Balto. 21 ESSEX
D. STREET ADDRESS (If rural, give location): Box 308 Rt. 13. 53-00

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): —
8. DATE OF BIRTH: 7/26/51
9. AGE (In years last birthday): 1 day. If Under 1 Year: Months / Days 1 / If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY? ✓

13. FATHER'S NAME: Arthur Baumgartner.
14. MOTHER'S MAIDEN NAME: Mary Rumlt.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Arthur Baumgartner. ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Aspiration Pneumonia — 1 day

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: ✓
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* [redacted] 7/26 *19*51, *to* 7/27, *19*51, *that I last saw the deceased alive on* 7/27, *19*51, *and that death occurred at* 9⁴⁵ *p m., from the causes and on the date stated above.*

23A. SIGNATURE: Daniel Silverstein M. D.
23B. ADDRESS: Lutheran Hosp.
23C. DATE SIGNED: 7/28/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/28/51
24C. NAME OF CEMETERY OR CREMATORY: Oak Lawn.
24D. LOCATION (City, town, or county) (State): Eastern Ave. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 28 1951
REGISTRAR'S SIGNATURE: Lutherton Williams, M.D.
25. FUNERAL DIRECTOR: John G. Conaelly. ADDRESS: Towson Md.

VS 150

195 0006 107.0

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-530

51 6620

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6620

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): LEMUEL SMITH

2. DATE OF DEATH: July 25, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Provident Hospital
C. Length of stay in Baltimore: 20 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15-31
D. STREET ADDRESS (If rural, give location): 1351 Woodyear Street

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: June 29, 1931
9. AGE (In years last birthday): 20 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist
10B. KIND OF BUSINESS OR INDUSTRY: Bakery
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William M. Smith
14. MOTHER'S MAIDEN NAME: Irma Baylor

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. William M. Smith — ADDRESS: 1711 Brentwood Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

E 870.5 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Heroin poisoning

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Lot
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Lot in 1300 block of N. Stricker Street 15-1
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): July 25, 1951 A. m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR? Self-administration of heroin poisoning

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE: Stanley H. Dunlacher M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: July 26, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-30-1951
24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 28 1951
REGISTRAR'S SIGNATURE: Winston Williams, M.D.
25. FUNERAL DIRECTOR: Holland Funeral Home
ADDRESS: 1631 Druid Hill Ave.

VS 151

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1951 0006 0

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652

BIRTH NO. 51 6621

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 6621

1. NAME OF DECEASED (Type or Print): ERNEST H. LAWRENCE

2. DATE OF DEATH: July 26, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
c. Length of stay in Baltimore: 15 yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2522 Druid Hill Avenue

13-03

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Nov. 25, 1902
9. AGE (In years last birthday): 49
If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chef
10B. KIND OF BUSINESS OR INDUSTRY: Restuarant
11. BIRTHPLACE (State or foreign country): Royal Oak, Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Hall Lawrence
14. MOTHER'S MAIDEN NAME: Mary Gibson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Virginia Carr ADDRESS 2534 Druid Hill Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral hemorrhage

DUE TO Arteriosclerotic Cardiovascular Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: Stanley F. Dunlaeber M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: 7-27-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 31 July 1951
24C. NAME OF CEMETERY OR CREMATORY: Family lot
24D. LOCATION (City, town, or county) (State): Royal Oak, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 28 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Holland Funeral Home ADDRESS: 1631 Druid Hill Ave.

VS 151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

093d

M-320
51 6622

1737 E. North Ave.
1w p. 51 6622

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MARY J. MEADOWS

2. DATE OF DEATH: July 26, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 662 Pitcher Street
C. Length of stay in Baltimore: 34 years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 662 Pitcher Street

14-02

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Aug. 9, 1877
9. AGE (In years last birthday): 73 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Andrew Jackson
14. MOTHER'S MAIDEN NAME: Mary Parago

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 214-01-8001
17. INFORMANT: Bessie Nicholas — ADDRESS: 717 N. Mount St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

420.0

(A) Arteriosclerotic heart disease — 22

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/21/, 1957, to 7/26/, 1957, that I last saw the deceased alive on 7/26/, 1957, and that death occurred at 11 P m., from the causes and on the date stated above.

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: 1737 E. North
23C. DATE SIGNED: 7/28/57

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 29 July 1951
24C. NAME OF CEMETERY OR CREMATORY: Oakwood Cem.
24D. LOCATION (City, town, or county) (State): Charlottesville, Va

DATE RECEIVED BY LOCAL REGISTRAR: JUL 28 1951
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: Holland Funeral Home
ADDRESS: 1631 Druid Hill Ave.

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-51 400 6623

CERTIFICATE CORRECTED 8-1-51

BALTIMORE CITY ~~HEALTH DEPARTMENT~~

CERTIFICATE OF DEATH

BIRTH NO.

Registered No. 51 6623

1. NAME OF DECEASED (Type or Print): MARION BELL

2. DATE OF DEATH: July 27, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Cecil
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bayview
D. STREET ADDRESS (If rural, give location): R. F. D. North East

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: May 16, 1893
9. AGE (In years last birthday): 58
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter
10B. KIND OF BUSINESS OR INDUSTRY: Yager & Co.
11. BIRTHPLACE (State or foreign country): W. Va.
12. CITIZEN OF WHAT COUNTRY? –

13. FATHER'S NAME: Francis A. Bell
14. MOTHER'S MAIDEN NAME: Nannie V. Thompson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Yes
(If yes, give war or dates of service): W. W. #1
16. SOCIAL SECURITY NO.: –
17. INFORMANT: Lucas H. Bell
ADDRESS: – 4505 Ridge Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Fracture of neck

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): School grounds
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): New school, North East, Cecil Co., Md.
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): July 26, 1951 5:00 P. m.
21E. INJURY OCCURRED WHILE AT WORK [X] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR? Slipped and fell to ground from ladder

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [ ], *accident* [X], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: Stanley H. Dulacher M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: July 28, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: 7/29/51
24C. NAME OF CEMETERY OR CREMATORY: Elmwood Cem.
24D. LOCATION (City, town, or county) (State): Sheppardstown, W. Va.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 28 1951
REGISTRAR'S SIGNATURE: Lester for Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Tickner & Sons.
ADDRESS: – North & Pa. Ave.

VS 151

N-805.2

1 5 1 0 0 0 6 6 1 2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

L 51 516 6624

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6624

BIRTH NO.

1. NAME OF DECEASED (Type or Print) GEORGE WAYNE LAMBART

2. DATE OF DEATH July 26, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Agnes Hospital
C. Length of stay in Baltimore 7 yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 156 Irving Street

20-08

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH 6/2/42
9. AGE (In years last birthday) 9 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY student
11. BIRTHPLACE (State or foreign country) West Virginia
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John Lambert
14. MOTHER'S MAIDEN NAME Janette M. Miller
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. John Lambert ADDRESS (same)

MEDICAL CERTIFICATION

18. E807X I

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Crushing injuries of head and chest

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Railroad tracks
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Havenhill Ford Rd and Caton Ave., Wilkens Ave. and
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) 7-26-51 6:58 P. m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? Pedestrian struck by train

22. *I certify that I took charge of the remains described above, held an* Inspection & Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☒, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE Stanley V. Duncanson M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED 7-27-51

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 7/30/51
24C. NAME OF CEMETERY OR CREMATORY Lord Shepard
24D. LOCATION (City, town, or county) (State) Howard Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR JUL 28 1951
REGISTRAR'S SIGNATURE Esther Williams M.D.
25. FUNERAL DIRECTOR Mac Nabb & Son
ADDRESS Catonsville 28

VS 151

N-804.2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 6625

AB-98894

S-462

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6625

Registered No.

1. NAME OF DECEASED (Type or Print): Herman Sellers

2. DATE OF DEATH: 7-28-51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 26-12
D. STREET ADDRESS (If rural, give location): 4940 Eastern Ave., (Baltimore City Hospitals

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married (Separated)
8. DATE OF BIRTH: Nov. 15- 1890
9. AGE (In years last birthday): 60 — If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Checker
10B. KIND OF BUSINESS OR INDUSTRY: Transit Co.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Thomas C. Sellers
14. MOTHER'S MAIDEN NAME: Elizabeth Holland
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Records: ADDRESS: Baltimore City Hospitals 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

002 X

(A) Far advanced Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs.

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [Yes] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1-29- *,* 19~~50~~ 56 *, to* 7-28- *,* 1951 *, that I last saw the deceased alive on* 7-28- *,* 1951 *, and that death occurred at* 4.45pm *, from the causes and on the date stated above.*

23A. SIGNATURE: R. S. Cogan M. D.
23B. ADDRESS: 4940 Eastern Ave., Baltimore, Md.
23C. DATE SIGNED: 7-28-51

24A. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify): Burial
24B. DATE: July 31, '51
24C. NAME OF CEMETERY ~~OR CREMATORY~~: Jos. Geesey Mem.
24D. LOCATION (City, town, or county) (State): Shrewsbury, Penna.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 29 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: J. Jacob Niederhiser
ADDRESS: New Freedom, Penna.

VS 150

1951 013 6

PLEASE WRITE LEGIBLY, WITH INDELIBLE INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F. 635 51 6626

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 6626

1. NAME OF DECEASED (Type or Print): FRIEDMANN, JOSEPHINE

2. DATE OF DEATH: JULY 28, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SINAI HOSPITAL
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 27-20
D. STREET ADDRESS (If rural, give location): 7006 PARK HEIGHTS AVE

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: Dec16, 1877
9. AGE (In years last birthday): 73
If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hungary
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Czimeth
14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr Louis Friedmann
ADDRESS: 6011 Wallis Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CARDIAC FAILURE — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) ARTERIOSCLEROTIC HEART DISEASE

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 7/24/51
19B. MAJOR FINDINGS OF OPERATION: NONE
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* JULY 1, 1951, *to* JULY 28, 1951, *that I last saw the deceased alive on* JULY 28, 1951, *and that death occurred at* 12:15 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: Erwin Wilkin M. D.
23B. ADDRESS: Sinai Hospital
23C. DATE SIGNED: July 28, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: July 29, 1951
24C. NAME OF CEMETERY OR CREMATORY: Baltimore Hebrew Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: JUL 29 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Sol Levinson & Bros
ADDRESS: 1126 W North ave

VS 150

5 1 0 0 6 9 3 d

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-365 51 6627

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 6627

1. NAME OF DECEASED (Type or Print) Lomo Larry Stern

2. DATE OF DEATH 7/27/51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sinai Hosp
C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 28-02
D. STREET ADDRESS (If rural, give location) 5007 Liberty Heights ave

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 1897
9. AGE (In years last birthday) 54
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman Men Furnishing Store
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Roumania
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Hyman Stern
14. MOTHER'S MAIDEN NAME Rose Cohen

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs David Futeral ADDRESS 4

MEDICAL CERTIFICATION

18. 4/22/1

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary Embolism

DUE TO

ANTECEDENT CAUSES

(B) Coronary Sibrillation

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) ASCVD

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 17, 1951, *to* 7/27, 1951 *that I last saw the deceased alive on* 7/27, 1951 *and that death occurred at* 5:30 P. *m., from the causes and on the date stated above.*

23A. SIGNATURE Jerome Pfeffer M. D.
23B. ADDRESS Sinai Hosp
23C. DATE SIGNED 7/27/51

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE July 29 51
24C. NAME OF CEMETERY OR CREMATORY Hebrew Rosedale Cemetery
24D. LOCATION (City, town, or county) (State) Balto Md.

DATE RECEIVED BY LOCAL REGISTRAR JUL 29 1951
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25. FUNERAL DIRECTOR Sol Levinson & Bro
ADDRESS 1126 W North ave

VS 150

1951 0066 093 d

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 6628

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6628

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ARNOLD THOMPSON

2. DATE OF DEATH: June 28, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Michigan
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Iron Mountain
D. STREET ADDRESS (If rural, give location)

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): U
8. DATE OF BIRTH: U
9. AGE (In years last birthday): 31 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): N
10B. KIND OF BUSINESS OR INDUSTRY: K
11. BIRTHPLACE (State or foreign country): N K
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: N O
14. MOTHER'S MAIDEN NAME: N O

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): N
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: N
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) E904.9

(A) Subdural hemorrhage

DUE TO Fracture of skull

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Unknown
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Unknown
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): abt. June 20, 1951 ? m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR? Fell or was knocked to floor or street

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [ ], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [X]

23A. SIGNATURE: R B Fisher M.D.
23B. CHIEF MEDICAL EXAMINER [X] ASSISTANT MEDICAL EXAMINER [ ] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: July 12, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)
24B. DATE
24C. NAME OF CEMETERY OR CREMATORY: UNIVERSITY MEDICAL SCHOOL JUL 17 1951
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR: JUL 29 1951
REGISTRAR'S SIGNATURE: Winston Williams, M.D.
25. FUNERAL DIRECTOR: Commissioner of Health
ADDRESS

VS 151

N-803.0

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

155 51 6629

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6629

Registered No.

1. NAME OF DECEASED (Type or Print): GEORGE CHAPMAN

2. DATE OF DEATH: July 1, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Morgue
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: U
B. COUNTY: N
CITY OR TOWN (If outside corporate limits, write RURAL and give township): K
D. STREET ADDRESS (If rural, give location): N O

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH: N
9. AGE (in years last birthday): 45
If Under 1 Year: Months | Days
If Under 24 Hours: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U N
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): U N
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: K N
14. MOTHER'S MAIDEN NAME: K N

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): U W
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: O W
ADDRESS

MEDICAL CERTIFICATION

18. N E 929.8 N

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Drowning

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Harbor
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Pier 3, Key Highway

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): Found: 7/1/51 A. m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR? Found drowned

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [ ], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [X].

23A. SIGNATURE: William [illegible] M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: July 3, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24B. DATE:
24C. NAME OF CEMETERY OR CREMATORY: JOHN HOPKINS MEDICAL SCHOOL JUL 17 1951
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR: JUL 29 1951
REGISTRAR'S SIGNATURE: [illegible] for Williams, M.D.
25. FUNERAL DIRECTOR
ADDRESS
Commissioner of Health

VS 151

N-990X 6 6 1 8 183.0

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be ca[illegible]y supplied. The correct age is especial[illegible] important. Physicians: please write the causes of death clearly and legi[illegible]

REA-144105 51 6630

BIRTH NO. 350 51 6630 BC-26644

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6630

1. NAME OF DECEASED (Type or Print): Baby Boy Layton - Alberta

2. DATE OF DEATH: July 9, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Avenue
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 9-06
D. STREET ADDRESS (If rural, give location): 1709 E. 29th Street

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Dec. 10, 1950
9. AGE (In years last birthday): If Under 1 Year: Months 7, Days; If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Eugene Layton
14. MOTHER'S MAIDEN NAME: Alberta Dameron
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Records: B. C. H. ADDRESS: 4940 Eastern Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 759.3

(A) Respiratory and Circulatory Failure — INTERVAL BETWEEN ONSET AND DEATH: 3 days

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Multiple Congenital defect — Life

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-10 50, *to* 7-9, 1951, *that I last saw the deceased alive on* 7-9, 1951, *and that death occurred at* 1:20A *m., from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: 4940 Eastern Avenue
23C. DATE SIGNED: 7-18-51

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE:
24C. NAME OF CEMETERY OR CREMATORY: UNIVERSITY MEDICAL SCHOOL JUL 20 1951
24D. LOCATION (City, town, or county) (State):

DATE RECEIVED BY LOCAL REGISTRAR: JUL 29 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Commissioner of Health
ADDRESS:

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5 1 0 6 6 1 9 157 m

51 6631

ND-132985

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6631

1. NAME OF DECEASED (Type or Print): George W. Koons

2. DATE OF DEATH: July 4, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals, 4940 Eastern Avenue
C. Length of stay in Baltimore: 34 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 26-12
D. STREET ADDRESS (If rural, give location): B.C.H. 4940 Eastern Avenue

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: April 16, 1879
9. AGE (In years last birthday): 72
If Under 1 Year: Months: Days:
If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Eli Koons
14. MOTHER'S MAIDEN NAME: Elizabeth Becraft

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:

17. INFORMANT: Records: ADDRESS: Baltimore City Hospitals, 4940 Eastern Avenue

MEDICAL CERTIFICATION

18. 4/22.1

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Thrombosis — Over 2 Wks.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Generalized arteriosclerosis and arteriosclerotic cardio vascular disease — Over 10 Yrs.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 10-28, 1949, *to* 7-4, 1951, *that I last saw the deceased alive on* 7-4, 1951, *and that death occurred at* 1:30p *m., from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: 4940 Eastern Avenue
23C. DATE SIGNED: 7-16-51

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE:
24C. NAME OF CEMETERY OR CREMATORY: UNIVERSITY MEDICAL SCHOOL
24D. LOCATION (City, town, or county) (State):

JUL 20 1951

DATE RECEIVED BY LOCAL REGISTRAR: JUL 29 1951
REGISTRAR'S SIGNATURE: Cuthington Williams, M.D.
25. FUNERAL DIRECTOR:
ADDRESS:

Commissioner of Health

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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51 6632 51 6632

600

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): LOUISE HAUER

2. DATE OF DEATH: 7-28-51

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3408 Woodbrook Ave

C. Length of stay in Baltimore: 13 Yrs. ~~Mos.~~ ~~Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 13-04
D. STREET ADDRESS (If rural, give location): 3408 Woodbrook Ave

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH:
9. AGE (In years last birthday): 87 | If Under 1 Year: Months: Days | If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home wife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Jacob Lehman
14. MOTHER'S MAIDEN NAME: Getta

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Julius Lauer — ADDRESS: Same

MEDICAL CERTIFICATION

18. 170X

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Metastases to brain & lungs — INTERVAL BETWEEN ONSET AND DEATH: several

DUE TO

(B) Carcinoma of breast — years.

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ~~Fracture of left hip~~

Consult by Jeff Dunlap, M.D. Dr. R. Weinberger

19A. DATE OF OPERATION: 6/28/51
19B. MAJOR FINDINGS OF OPERATION: Adenocarcinoma of breast
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/13/51 *to* 7/27/ 1951 *that I last saw the deceased alive on* 7/27/ 1951, *and that death occurred at* 12 m., *from the causes and on the date stated above.*

23A. SIGNATURE: R. Weinberger M. D.
23B. ADDRESS: 912 Brooks Lane
23C. DATE SIGNED: 7/28/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-29-51
24C. NAME OF CEMETERY OR CREMATORY: Rosedale
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: JUL 29 1951
REGISTRAR'S SIGNATURE: Curtis Tillman, M.D.
25. FUNERAL DIRECTOR: Jack Lewis Inc. ADDRESS: 2100 Eutaw Pl

VS 150

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Uhrenberger
91-v Crook Road

NOT A MEDICAL EXAMINER'S CASE

Stanley K. Deutscher M.D.

CHIEF OR ASST. MEDICAL EXAMINER

W-452 51 6633

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6633

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Terry Williams

2. DATE OF DEATH: 7-28-51

3. PLACE OF DEATH: A. Baltimore City, Maryland — Balto Md

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital

C. Length of stay in Baltimore: 3 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Howard
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto Glenwood
D. STREET ADDRESS (If rural, give location): U. Hosp. 63-00

5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: FEB. 23 1908
9. AGE (In years last birthday): 43
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10B. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ashberry Williams
14. MOTHER'S MAIDEN NAME: Catherine Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Unk
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT: Walter Simpson — ADDRESS: Glenwood Md

MEDICAL CERTIFICATION

18. 299X

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Cerebro Vascular accident
DUE TO
(B) Blood Dyscrasia
DUE TO
(C) Dyscrasia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/19, 1951, *to* 7/28, 1951, *that I last saw the deceased alive on* 7/28, 1951, *and that death occurred at* 6 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: A. D. Richardson M. D.
23B. ADDRESS: Univ. Hospital
23C. DATE SIGNED: 7/28/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-31-51
24C. NAME OF CEMETERY OR CREMATORY: Bushy Park
24D. LOCATION (City, town, or county) (State): Cockeysville, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 29 1951
REGISTRAR'S SIGNATURE: Lutrington Williams, M.D.
25. FUNERAL DIRECTOR: Luther H. Zeigler — ADDRESS: Lutherville

VS 150

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE CORRECTED 7-31-51

51 6634

51 6634

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. G-450

1. NAME OF DECEASED (Type or Print): Antonio Giuliani

2. DATE OF DEATH: July 28, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SINAI HOSPITAL
C. Length of stay in Baltimore: 8 days (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: PA
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Narbeth V-35
D. STREET ADDRESS (If rural, give location): 301 Iona Ave.

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: May 12, 1883
9. AGE (In years last birthday): 68
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Contractor Retired
11. BIRTHPLACE (State or foreign country): ITALY
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Domenic Giuliani CONJT
14. MOTHER'S MAIDEN NAME: Assunta Pepe

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): unknown
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Domenic Giuliani, 301 Iona Ave. Narbeth, ADDRESS Penna.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Mediastinitis
DUE TO
(B) Mediastinal emphysema
DUE TO
(C) Leakage of Suture LINES
DUE TO
Post operative CARCINOMA OF ESOPHAGUS

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: July 24, 1951
19B. MAJOR FINDINGS OF OPERATION: CARCINOMA OF ESOPHAGUS
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/20/51, 19__, *to* 7/28/51, 19__, *that I last saw the deceased alive on* 7/28/51 19__, *and that death occurred at* 11 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Sylvania F. Braverman M. D.
23B. ADDRESS: SINAI HOSPITAL
23C. DATE SIGNED: July 28 51

24A. BURIAL, ~~CREMATION~~, REMOVAL (Specify)
24B. DATE: Aug. 2.
24C. NAME OF CEMETERY OR CREMATORY
24D. LOCATION (City, town, or county) (State): Narbeth, Pa.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 29 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Schumenek Funeral Home
ADDRESS: 2601 E. Madison St.

VS 150

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F-600 51 6635 X 51 6635

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): Frank A. Ferry

2. DATE OF DEATH: 28 July 1951

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Church Home & Hospital

C. Length of stay in Baltimore: 24 Yrs. ~~Mos.~~ ~~Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Timonium
D. STREET ADDRESS (If rural, give location): —

5. SEX: male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 23 Nov 1878
9. AGE (In years last birthday): 72
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): machinist
10B. KIND OF BUSINESS OR INDUSTRY: Steel
11. BIRTHPLACE (State or foreign country): Pa.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Ferry
14. MOTHER'S MAIDEN NAME: Margaret Hainze

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Margaret Ferry ADDRESS: Timonium, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Primary Carcinoma of Liver arising in bile duct. — INTERVAL BETWEEN ONSET AND DEATH: 4 months

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 5 July 51
19B. MAJOR FINDINGS OF OPERATION: Carcinoma of liver
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): —
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* 28 June, 1951, *to* 28 June, 1951, *that I last saw the deceased alive on* 28 June 1951, *and that death occurred at* 3:20 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Dorence F. Ensberg M. D.
23B. ADDRESS: Church Home & Hosp.
23C. DATE SIGNED: 28 July

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-31-51
24C. NAME OF CEMETERY OR CREMATORY: Wesley Methodist
24D. LOCATION (City, town, or county) (State): Sparks Balto Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 29 1951
REGISTRAR'S SIGNATURE: Curtis Williams M.D.
25. FUNERAL DIRECTOR: J. Scott Brooks
ADDRESS: Sparks, Md.

VS-150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

046 F

C-516 51 6636

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6636

Registered No.

1. NAME OF DECEASED (Type or Print): Katherine B. Chambers

2. DATE OF DEATH: July 27, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sinai
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore, Md. 6-02
D. STREET ADDRESS (If rural, give location): 22 N. Milton Ave

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH: AuGust 19, 1885
9. AGE (In years last birthday): 65
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired- Lableler
10B. KIND OF BUSINESS OR INDUSTRY: D.E. Foote Co.,
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Joseph Wagner
14. MOTHER'S MAIDEN NAME: Barbara Schmuck

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 220-22-4630
17. INFORMANT: Miss Alice Chambers
ADDRESS: 22 N. Milton Ave #24

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 570.2 and 153 X

(A) Massive Gangrene of Intestine — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs

DUE TO

(B) Mesenteric Thrombosis

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Carcinoma of Ascending Colon

19A. DATE OF OPERATION: July 26, 1951
19B. MAJOR FINDINGS OF OPERATION: Gangrene of Intestine
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 23, 1951, *to* July 27, 1951, *that I last saw the deceased alive on* July 27, 1951, *and that death occurred at* 3:55 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Leon Elkassel M. D.
23B. ADDRESS: Sinai Hospital
23C. DATE SIGNED: July 27 '51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/30/51
24C. NAME OF CEMETERY OR CREMATORY: Holy Cross (Brooklyn)
24D. LOCATION (City, town, or county) (State): Anapolis Blvd

DATE RECEIVED BY LOCAL REGISTRAR: JUL 29 1951
REGISTRAR'S SIGNATURE: Curtis Williams, M.D.
25. FUNERAL DIRECTOR: Schimunek Funeral Home Inc
ADDRESS: 2601-03-05 E. Madison Street.

VS 150

1951 0006 046 e

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 6637

N-242

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6637

Registered No.

1. NAME OF DECEASED (Type or Print): William Nichols

2. DATE OF DEATH: July 28, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland Baltimore
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lutheran Hosp. of Maryland.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. 16-08
D. STREET ADDRESS (If rural, give location): 709 Edgewood St.

5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Jan. 14, 1891
9. AGE (In years last birthday): 60
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10B. KIND OF BUSINESS OR INDUSTRY: Aerolite Co.
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James B. Nichols
14. MOTHER'S MAIDEN NAME: Gertrude E. Rothrock

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mabel G. Nichols
ADDRESS: 709 Edgewood St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Myocardial Infarct

DUE TO

ANTECEDENT CAUSES

(B) Arterio sclerotic cardio vascular disease

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 22, 1951, *to* July 28, 1951, *that I last saw the deceased alive on* July 28, 1951, *and that death occurred at* 11:30 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE: [illegible] M. D.
23B. ADDRESS: Lutheran Hospital of Md.
23C. DATE SIGNED: July 28, 51

24A. BURIAL, ~~CREMATION, REMOVAL~~ (Specify): Burial
24B. DATE: 7/31/51
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 29 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm Cook Inc.
ADDRESS: 1217 St. Paul St.

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

066093d

C-632 51 6638

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6638

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): ELMER G, CORDES

2. DATE OF DEATH: July 26, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-02
D. STREET ADDRESS (If rural, give location): 4620 Elsrode Avenue

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Apr. 26, 1905
9. AGE (In years last birthday): 46 — If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrical Engineer
10B. KIND OF BUSINESS OR INDUSTRY: Gas & Electric Co.
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John A. Cordes
14. MOTHER'S MAIDEN NAME: Margaret Heissenbuttel
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Helen B. Cordes, ADDRESS: 4620 Elsrode Avenue

MEDICAL CERTIFICATION

18. E974X I

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Strangulation due to hanging

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): In cellar at 4620 Elsrode Avenue
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): 7-26-51 p.m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? Hanged self by rope from rafter

22. *I certify that I took charge of the remains described above, held an* Inspection & Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☐, *suicide* ☒, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: Stanley Y. Dunlacher M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: 7-27-51

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 7/30/51
24C. NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery
24D. LOCATION (City, town, or county) (State): Parkville, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: JUL 29 1951
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Wm. Cook, Inc.
ADDRESS: 1217 St. Paul Street

VS 151

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51 6639

BIRTH NO. 000

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6639

1. NAME OF DECEASED (Type or Print): Norman Keay Sr.

2. DATE OF DEATH: 7/27/51

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Baltimore city
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maryland Gen. Hosp.
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. 7-09
D. STREET ADDRESS (If rural, give location): 1305 Valley st

5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 1 1901
9. AGE (In years last birthday): 50 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steel worker.
10B. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Mass.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Daniel Keay
14. MOTHER'S MAIDEN NAME: Laura Shepperd

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Annie May Keay — ADDRESS: 1325 Valley st.

MEDICAL CERTIFICATION

18. 581.0

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Ruptured oesophageal varix
DUE TO Bleeding.

ANTECEDENT CAUSES

(B) Fatty liver cirrhosis
DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CERTIFICATION APPROVED BY
R. B. McFadden, M.D.
William Gault M.D.
CHIEF OR ASST. MEDICAL EXAMINER

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/26/ *,* 1951 *, to* 7/27/ *,* 1951 *, that I last saw the deceased alive on* 7/27/ *,* 1951 *, and that death occurred at* 1 45 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: Lakeele Bopkair M. D.
23B. ADDRESS: Maryland General Hospital
23C. DATE SIGNED: 7/27/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/31/51
24C. NAME OF CEMETERY OR CREMATORY: Moreland Park
24D. LOCATION (City, town, or county) (State): Parkville Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 29 1951
REGISTRAR'S SIGNATURE: Winter Williams, M.D.
25. FUNERAL DIRECTOR: Wm Cook Inc. — ADDRESS: 1217 St. Paul St.

VS 150

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-625 51 6640

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 6640

1. NAME OF DECEASED (Type or Print): Lena S Hirschmann

2. DATE OF DEATH: July 27, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1012 Edmondson Avenue
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 16-01
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1012 Edmondson Avenue

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec. 23, 1861
9. AGE (In years last birthday): 89 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Joseph Sweiger
14. MOTHER'S MAIDEN NAME: Louise Scherer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Margaret L. Hirschmann — ADDRESS: 1012 Edmondson Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

DUE TO

(B) Arteriosclerosis — 15 yrs.

DUE TO

(C) Senility — 15 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1947, *to* July 27, 1951, *that I last saw the deceased alive on* July 27, 1951, *and that death occurred at* 8 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Ted C Wells M. D.
23B. ADDRESS: 4101 Edmondson Ave
23C. DATE SIGNED: 7/28/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: July 31, 1951
24C. NAME OF CEMETERY OR CREMATORY: Parkwood
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 29 1951
REGISTRAR'S SIGNATURE: Carrington Williams, M.D.
25. FUNERAL DIRECTOR: Wm Cook Inc. — ADDRESS: 1217 St. Paul St.

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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51 6641

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6641

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Michael Crupi

2. DATE OF DEATH: 7/28/51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South Baltimore General Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 22-01
D. STREET ADDRESS (If rural, give location): 109 W. Barre St.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 12/15/1871
9. AGE (In years last birthday): 79
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owner
10B. KIND OF BUSINESS OR INDUSTRY: Lumber Business
11. BIRTHPLACE (State or foreign country): Italy
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: (Unknown) Crupi
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Nancy Yannuzzi
ADDRESS: 4006 Eutaw Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bronchopneumonia 491X and E903.0

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

CERTIFICATION APPROVED BY

William Y. Scott M. D.

CHIEF OR ASST. MEDICAL EXAMINER.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Intertrochanteric fracture, femur, left; Arteriosclerotic Heart disease; Benign Ulcer

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☑ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 109 W. Barre St.
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): 7/17/51 10:30 A.m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21F. HOW DID INJURY OCCUR? Fall - Slipped & fell to floor

22. *I hereby certify that I attended the deceased from* 7/17/51, 19__, *to* 7/28/51, 19__, *that I last saw the deceased alive on* 7/28/51, 19__, *and that death occurred at* 4:00 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Seng-Kyo Tan M. D.
23B. ADDRESS: 1213 Light St.
23C. DATE SIGNED: 7/28/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/1/51
24C. NAME OF CEMETERY OR CREMATORY: Cathedral
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 29 1951
REGISTRAR'S SIGNATURE: Curtis Williams, M.D.
25. FUNERAL DIRECTOR: Wm Cook Inc.
ADDRESS: 1217 St. Paul St

VS 150

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PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 6642

B-520

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 6642

Registered No.

1. NAME OF DECEASED (Type or Print): Concetta A.Bianco

2. DATE OF DEATH: 7-28-51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2518 E.Hoffman Street
C. Length of stay in Baltimore: 42 Yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 8-03
D. STREET ADDRESS (If rural, give location): 2518 E.Hoffman Street

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 7-26-1885
9. AGE (In years last birthday): 66 — If Under 1 Year: Months 0, Days 2 — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife (Tayloring)
10B. KIND OF BUSINESS OR INDUSTRY: Clothing
11. BIRTHPLACE (State or foreign country): Italy
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Pete Cammarata
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 217-05-2745 A
17. INFORMANT: Mrs.Jennie Miller — ADDRESS: 2701 E.Hoffman Street

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive heart disease — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs +

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1946, *to* July 28, 1951, *that I last saw the deceased alive on* July 27, 1951, *and that death occurred at* 3 30 a m., *from the causes and on the date stated above.*

23A. SIGNATURE: David Schwender, M. D.
23B. ADDRESS: 1101 N. Milton Ave
23C. DATE SIGNED: 7-28-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-31-1951
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cemetery
24D. LOCATION (City, town, or county) (State): Frederick Rd.Balto:Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 30 1951
REGISTRAR'S SIGNATURE: Lurlington Williams, M.D.
25. FUNERAL DIRECTOR: George J.Ruth, Inc. — ADDRESS: 1735 Harford Avenue

VS 150

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 6643 Bandoch

51 6643

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. B-532

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): Anthony Bandoch

2. DATE OF DEATH: July 26, 1951

3. PLACE OF DEATH: A. Baltimore City, Maryland — Ward 6

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore: LIFE (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If in institution, residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 2-03
D. STREET ADDRESS (If rural, give location): 713 S. Amon St.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 6-10-76
9. AGE (In years last birthday): 75 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER
10B. KIND OF BUSINESS OR INDUSTRY: FOOD CANNING
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Anthony Bandoch
14. MOTHER'S MAIDEN NAME: Elizabeth ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: JOHNS HOPKINS HOSPITAL — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) G. I. Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

DUE TO

(B) Cancer of Stomach — ?

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-22, 1951, *to* 7-26, 1951, *that I last saw the deceased alive on* 7-26, 1951, *and that death occurred at* 9:16 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Carl G. Johnson M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 7/27/51

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: JULY 30, 1951
24C. NAME OF CEMETERY OR CREMATORY: ST. STANISLAUS
24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

DATE RECEIVED BY LOCAL REGISTRAR: JUL 30 1951
REGISTRAR'S SIGNATURE: Austin Williams M.D.
25. FUNERAL DIRECTOR: M. F. SADOWSKI & SONS — ADDRESS: 1808 EASTERN AVENUE

VS 150

045 by Charles J. Sadowski

.600 51 6644

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6644

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Joseph Gerow

2. DATE OF DEATH: July 29 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
c. Length of stay in Baltimore: Yrs. 1½ Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Florida
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Petersburg
D. STREET ADDRESS (If rural, give location): 1005 41st Ave

5. SEX: male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: 11-10-86
9. AGE (In years last birthday): 65
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired
10B. KIND OF BUSINESS OR INDUSTRY: Building Supplies
11. BIRTHPLACE (State or foreign country): Va (Petersburg)
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Leonard Gerow Prop. (W)
14. MOTHER'S MAIDEN NAME: Eloise Saunders

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: JOHNS HOPKINS HOSPITAL
ADDRESS:

MEDICAL CERTIFICATION

18. 162X

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Metastatic carcinoma

DUE TO

(B) Carcinoma of the lung

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/13, 1951, *to* 7/29, 1951, *that I last saw the deceased alive on* 7/29, 1951, *and that death occurred at* 12⁴⁰ P. *m., from the causes and on the date stated above.*

23A. SIGNATURE: Ernest C. Brown M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 7-29-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-31-51
24C. NAME OF CEMETERY OR CREMATORY: Royal Palm
24D. LOCATION (City, town, or county) (State): St. Petersburg, Fla.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 30 1951
REGISTRAR'S SIGNATURE: Curtis Gordon Williams, M.D.
25. FUNERAL DIRECTOR: John O. Mitchell & Sons, Inc.
ADDRESS: 1900 Eutaw St.

VS 150

295.080 M B Mitchell 0476 6 3 9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 6645 51 6645

S-320

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): JOHN LOUIS STAAS

2. DATE OF DEATH: July 29, 1951

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CITY HOSPITAL

c. Length of stay in Baltimore (Yrs. Mos. Days): LIFE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 26-07
D. STREET ADDRESS (If rural, give location): 4821 EASTERN AVE.

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: March 9, 1883

9. AGE (In years last birthday): 68 | If Under 1 Year: Months | Days | If Under 24 Hours: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BAKER

10B. KIND OF BUSINESS OR INDUSTRY: BAKING

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM STAAS

14. MOTHER'S MAIDEN NAME: BARBARA MILLER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): YES
(If yes, give war or dates of service): Spanish-American

16. SOCIAL SECURITY NO.: 215-05-7930A

17. INFORMANT: MARGARET M. STAAS
ADDRESS: 4821 EASTERN AVE.

MEDICAL CERTIFICATION

18. 4221

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Cardiovascular Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* ~~Inspection & Inquiry~~ Autopsy, Inspection or Inquiry *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☑, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: Stanley H. Durlacher M.D.

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☑
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED: July 29, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: Aug. 1, 1951

24C. NAME OF CEMETERY OR CREMATORY: BALTO. NATIONAL

24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

DATE RECEIVED BY LOCAL REGISTRAR: JUL 30 1951

REGISTRAR'S SIGNATURE: Winfield Williams, M.D.

25. FUNERAL DIRECTOR: GEORGE L. SCHWAB

ADDRESS: 2101 FREDERICK AVE.

VS 151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 6646 331X

P-230

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6646
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4407 Groveland Ave
(c) Hospital or institution: 4407 Groveland Ave.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 7 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore 28-41
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4407 Groveland Ave.
(If rural give location)
(e) Citizen of foreign country? U. S. (Yes or No)
If yes, name country

3 (a) FULL NAME Virginia H. Post (Virginia Hayden Post)

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife George Post
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 11, 1859

8. AGE: Years 92 | Months | Days | If less than one day hr. min.

9. Birthplace Pomeroy, Ohio
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name William Hayden
13. Birthplace

MOTHER
14. Maiden Name Eliza Jenkins
15. Birthplace

16 (a) Informant Mrs. Alberta Post Kent
(b) Address 4407 Groveland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 31, '51 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Southampton
Location South Hampton, L. I., N. Y.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place, Baltimore

19 (a) JUL 30 1951 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1951, at 1 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1950, to July 1951, and that I last saw her alive on 7/27 1951.

Immediate cause of death Cerebral hemorrhage — Duration

Due to Arteriosclerosis (cerebral type) — ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: 0

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles L. Warner M. D.
Address 3312 Eastern Ave Date signed 7/28/51

VS 150

Mrs. Mitchell 083a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

INSTRUCTIONS FOR MEDICAL CERTIFICATION

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words *due to* and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see PHYSICIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION issued by the U. S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

620 51 6647

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6647

Registered No.

1. NAME OF DECEASED (Type or Print): Dr. William H. Pearce

2. DATE OF DEATH: July 28, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2105 N. Charles St.
C. Length of stay in Baltimore: 60 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: none
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 12-06
D. STREET ADDRESS (If rural, give location): 2105 N. Charles St.

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Nov. 23, 1870
9. AGE (In years last birthday): 80 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): physician
10B. KIND OF BUSINESS OR INDUSTRY: General medicine
11. BIRTHPLACE (State or foreign country): Baltimore County, Md.
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: John B. Pearce
14. MOTHER'S MAIDEN NAME: Lida Slade
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Dr. Wm. F. Pearce — ADDRESS: 5402 Willow Mere Way

MEDICAL CERTIFICATION

18. 420.1 and 154X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) General arteriosclerosis.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Carcinoma of rectum.

19A. DATE OF OPERATION: — 0
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 26, 1951, *to* July 28, 1951 *that I last saw the deceased alive on* July 26, 195_, *and that death occurred at* 8 30 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: John H. Pearce M. D.
23B. ADDRESS: 1035 N. Calvert St.
23C. DATE SIGNED: 7 - 28 - 51

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 7 - 30 - 51
24C. NAME OF CEMETERY OR CREMATORY: St. James
24D. LOCATION (City, town, or county) (State): Milady's Manor, Balto. Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 30 1951
REGISTRAR'S SIGNATURE: Carrington Williams M.D.
25. FUNERAL DIRECTOR: John O. Mitchell & Sons, Inc. — ADDRESS: 1900 Eutaw Place
M B Mitchell

VS 150

1951 0026636

046d

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

P-350 51 6648

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6648

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Patten, Florence May H.

2. DATE OF DEATH: July 27, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hospital for Women of Md.
C. Length of stay in Baltimore: 55 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 53-00
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore CATONSVILLE
D. STREET ADDRESS (If rural, give location): 117 N. Beechwood Avenue

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 10, 1896
9. AGE (In years last birthday): 55 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: –
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Jacob G. Hales
14. MOTHER'S MAIDEN NAME: Ida M. Tharle
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: –
17. INFORMANT: Mr. Gladstone F. Patten — ADDRESS: 117 N. Beechwood Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Liposarcoma left thigh with pulmonary metastasis — INTERVAL BETWEEN ONSET AND DEATH: 18 months +

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 12-1-50
19B. MAJOR FINDINGS OF OPERATION: Liposarcoma, left thigh
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): –
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): –
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): –
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: –
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR? –

22. *I hereby certify that I attended the deceased from* 1947, 19__, *to* July 27, 1951, *that I last saw the deceased alive on* July 27, 1951, *and that death occurred at* 10:35 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: John Neubert M. D.
23B. ADDRESS: 20 E. Preston St Balt. 2, Md.
23C. DATE SIGNED: 28 July 51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: July 30, 1951
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Frederick Ave. Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 30 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: John O. Mitchell & Sons — ADDRESS: 1900 Eutaw Place

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1951 0 0 6 6 3 7

055-e

W-452 51 6649

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6649

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): THORNTON N. WILLIAMS

2. DATE OF DEATH: July 27, 1951

3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY:

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 5-01

D. STREET ADDRESS (If rural, give location): 158 East Street

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 12-2-1910

9. AGE (In years last birthday): 40 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hod Carrier

10B. KIND OF BUSINESS OR INDUSTRY: Buiding

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James G. Thornton

14. MOTHER'S MAIDEN NAME: Blanche Morgan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Blanche Williams ADDRESS: 1622 E. Biddle S

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

E98 X

(A) Stab wound of neck

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 1115 E. Lexington Street

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): July 27, 1951 10:00 P.m.

21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21F. HOW DID INJURY OCCUR? Sharp instrument

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [ ], *accident* [ ], *suicide* [ ], *homicide* [X], *undetermined* [ ].

23A. SIGNATURE: Stanley H. Dunacher M.D.

23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]

23C. DATE SIGNED: July 28, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7/30/1951

24C. NAME OF CEMETERY OR CREMATORY: Mt Arburn Cem.

24D. LOCATION (City, town, or county) (State): Baltimore

DATE RECEIVED BY LOCAL REGISTRAR: JUL 30 1951

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: Elroy D. Wilson ADDRESS: 1000 Brantley ave

VS 151

N-874.2 E970 24 0 6 6 5 8 4670

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

T. 616

51 6650

51 6650

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Hattie Travers

2. DATE OF DEATH: July 28, 1951

3. PLACE OF DEATH: A. Baltimore City, Maryland — E. Howell B.S.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 4-02
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 652 W. Saratoga St.

c. Length of stay in Baltimore: 6 yrs. (Yrs. Mos. Days)

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 4-17-23
9. AGE (In years last birthday): 28 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Factory Worker
10B. KIND OF BUSINESS OR INDUSTRY: clothing (M)
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Travers
14. MOTHER'S MAIDEN NAME: Marie Travers

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Yes
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: JOHNS HOPKINS HOSPITAL — ADDRESS

MEDICAL CERTIFICATION

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 672X and 714X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) Post-partum hemorrhage
DUE TO
(B) Bleeding lower uterine segment. ~~Placenta previa~~
DUE TO
(C) Placenta previa

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Myomata uteri, subserous & intramural

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-26-, 1951, *to* 7-28-, 1951, *that I last saw the deceased alive on* 7-28-, 1951, *and that death occurred at* 4a *m., from the causes and on the date stated above.*

23A. SIGNATURE: George W. Corner Jr. M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 7/28/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-31-51
24C. NAME OF CEMETERY OR CREMATORY: Gaylor Deland
24D. LOCATION (City, town, or county) (State): Gaylor Deland Md

DATE RECEIVED BY LOCAL REGISTRAR: JUL 30 1951
REGISTRAR'S SIGNATURE: Hunter for Williams, M.D.
25. FUNERAL DIRECTOR: Elroy D. Wilson
ADDRESS: 1004 Bentley Ave

VS 450

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

195 690460 6639 146a

H 655 51 6651

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6651

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): NELSON Herrman.

2. DATE OF DEATH: July 26, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 12-07
D. STREET ADDRESS (If rural, give location): 2723 Miles Avenue

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 14, 1913
9. AGE (In years last birthday): 37 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Binsman
10B. KIND OF BUSINESS OR INDUSTRY: Western Md Grain Elevator warehouse
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: William Herrman
14. MOTHER'S MAIDEN NAME: Eva Disney

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Pauline M. Herrman — ADDRESS: 2723 Miles Ave

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 420.1

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary artery sclerosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* X, *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: Stanley K. Dunbar M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: 7-27-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: July 30/51
24C. NAME OF CEMETERY OR CREMATORY: St. Marys Hampden
24D. LOCATION (City, town, or county) (State): 3900 Poland Ave Md

DATE RECEIVED BY LOCAL REGISTRAR: JUL 30 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Austin E. Donovan
ADDRESS: 3818 Poland Ave

VS 151

69053 0 6 6 7 0 94a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R. 260 51 6652 RACHOR 51 6652

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mary Rachor

2. DATE OF DEATH: July 29 57

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3623 Elmora Ave

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 6-19-84
9. AGE (In years last birthday): 47
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Martin Rachor
14. MOTHER'S MAIDEN NAME: Mary Barnickle

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: JOHNS HOPKINS HOSPITAL
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

561.1

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Massive Pulmonary Embolus — INTERVAL BETWEEN ONSET AND DEATH: > 4 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. NONE

19A. DATE OF OPERATION: 7-23-51
19B. MAJOR FINDINGS OF OPERATION: Incarcerated Femoral hernia
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 22, 1957 *to* July 29, 1957 *that I last saw the deceased alive on* July 29, 1957 *and that death occurred at* 3 45 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: John T. Burrough M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 7-29-57

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-1-51
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: JUL 30 1951
REGISTRAR'S SIGNATURE: Hunter Williams, M.D.
25. FUNERAL DIRECTOR: L. J. Luck
ADDRESS: 5305 Harford Rd

VS 115

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-460 51 6653

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6653

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): John Robert Weller

2. DATE OF DEATH: 7/29/51

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bon Secours Hospital

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-02
D. STREET ADDRESS (If rural, give location): 4308 Arabia Avenue

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 10/30/88
9. AGE (In years last birthday): 62 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pharmacist
10B. KIND OF BUSINESS OR INDUSTRY: Pharmacist
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Robert Weller
14. MOTHER'S MAIDEN NAME: Emma Wallick

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Marie Weller — ADDRESS: 4308 Arabia

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

DUE TO

(B) Arteriosclerotic C.V. Disease

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 29, 1951, *to* July 29, 1951, *that I last saw the deceased alive on* July 29, 1951, *and that death occurred at* 11:30 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: J. Henry Hasson M.D. M. D.
23B. ADDRESS: 4218 Harford Rd.
23C. DATE SIGNED: 7/29/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-1-51
24C. NAME OF CEMETERY OR CREMATORY: Lorraine Park
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 30 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: L. J. Kuck
ADDRESS: 5305 Harford Rd

VS 150

190736 893d

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 6654 520

51 6654

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): JONES, NORMAN A.

2. DATE OF DEATH: 7-28-51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): UNIVERSITY HOSPITAL
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY: 53-00
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE (6)
D. STREET ADDRESS (If rural, give location): 7404 KENLEIGH AVE

5. SEX: M
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: SEPT. 5-1888
9. AGE (In years last birthday): 62
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Insurance Salesman
10B. KIND OF BUSINESS OR INDUSTRY: Monumental
11. BIRTHPLACE (State or foreign country): ENGLAND
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: WM. JONES
14. MOTHER'S MAIDEN NAME: ELLEN E. ANDREWS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 216-10-3574
17. INFORMANT: MR. E. BROOKS
ADDRESS: 5740 WHITE

MEDICAL CERTIFICATION

18. 163X

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) CARDIO-RESPIRATORY FAILURE — 20 min.

DUE TO ACUTE

ANTECEDENT CAUSES

(B) MASSIVE ATELECTASIS RT LUNG — 1-3 days

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) CARCINOMA OF RT. LUNG — 10+ MOS

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CELLULITIS RT LEG + FOOT

19A. DATE OF OPERATION: NONE
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-27, 1951, *to* 7-28, 1951, *that I last saw the deceased alive on* 7-28, 1951, *and that death occurred at* 1:45 *A.m., from the causes and on the date stated above.*

23A. SIGNATURE: Robert S. Moore M. D.
23B. ADDRESS: UNIVERSITY HOSP.
23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-31-51
24C. NAME OF CEMETERY OR CREMATORY: WESTERN
24D. LOCATION (City, town, or county) (State): BALTO MD

DATE RECEIVED BY LOCAL REGISTRAR: JUL 30 1951
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: L. J. RUCK
ADDRESS: 5305 Harford

VS 150

45073 0 6 8432

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-4425 51 6655

51 6655

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Harry Belleson

2. DATE OF DEATH: July 27-1951

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4624 Belair Rd

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-01
D. STREET ADDRESS (If rural, give location): 4624 Belair Road.

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: July 10-1890
9. AGE (In years last birthday): 61
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Insp.
10B. KIND OF BUSINESS OR INDUSTRY: General Motors Co. AUTOMOTIVE(?)
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel Belleson
14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give wer or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Margaret Belleson ADDRESS: Belair 4624

MEDICAL CERTIFICATION

18. 420.1

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: ? (2hrs)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerosis

DUE TO

(C) Congestive Heart Failure — 1 year

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Arterial Hypertension

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 1, 1950, *to* July 27, 1951, *that I last saw the deceased alive on* June 30, 1951, *and that death occurred at* ? A *m., from the causes and on the date stated above.*

23A. SIGNATURE: Charles V. Sweely M. D.
23B. ADDRESS: 4200 Parkwood Ave
23C. DATE SIGNED: 7/27/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-30-51
24C. NAME OF CEMETERY OR CREMATORY: Parkwood
24D. LOCATION (City, town, or county) (State): Balto. Md

DATE RECEIVED BY LOCAL REGISTRAR: JUL 30 1951
REGISTRAR'S SIGNATURE: Lucius Williams, M.D.
25. FUNERAL DIRECTOR: L. J. Luck
ADDRESS: 5205 Harford Rd.

VS 150

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

550BS 8944 1

N-653

51 6656

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6656

BIRTH NO.

1. NAME OF DECEASED (Type or Print): William J Werneth

2. DATE OF DEATH: 7/26/51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3507 Keene Avenue
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-44
D. STREET ADDRESS (If rural, give location): 3507 Keene Avenue

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Nov. 9, 1877
9. AGE (In years last birthday): 73
If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Night Operator
10B. KIND OF BUSINESS OR INDUSTRY: Latrobe Apts.
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. Paul J. Werneth, 3507 Keene Ave.
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Metastatic carcinoma — INTERVAL BETWEEN ONSET AND DEATH: approx. 8 mo

DUE TO

(B) Bronchogenic Carcinoma

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 2-7-51
19B. MAJOR FINDINGS OF OPERATION: Bronchogenic Carcinoma, rt.
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-4, 1951, *to* 7-26, 1951, *that I last saw the deceased alive on* 7-21, 1951, *and that death occurred at* 2 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: John E Miller M. D.
23B. ADDRESS: 1114 St. Paul St
23C. DATE SIGNED: 7/27/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-30-51
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 30 1951
REGISTRAR'S SIGNATURE: Christopher Williams, M.D.
25. FUNERAL DIRECTOR: Leonard J. Ruck, 5305 Harford Road.
ADDRESS

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3674 0 6 6 5 6 0472

S-362

51 6657

STRES

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6657

BIRTH NO.

1. NAME OF DECEASED (Type or Print): James Edward Stres

2. DATE OF DEATH: 7/22/51

3. PLACE OF DEATH
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hosp.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 53-00
C. CITY OR TOWN: Balto. (If outside corporate limits, write RURAL and give township): Rural
D. STREET ADDRESS (If rural, give location): 2930 Manns. Ave.

5. SEX: M
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Mar
8. DATE OF BIRTH: 8/5/1902
9. AGE (In years last birthday): 48
If Under 1 Year: Months: Days: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pharmacist
10B. KIND OF BUSINESS OR INDUSTRY: Drug Store
11. BIRTHPLACE (State or foreign country): Balto Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Stres
14. MOTHER'S MAIDEN NAME: Margaret Schrufer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Dolores Stres ADDRESS: 2930 Manns

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Subarachnoid Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days

DUE TO

(B) Non-Tropical Sprue

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/26/51, to 7/27/51, that I last saw the deceased alive on 7/27/51, and that death occurred at 1:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE: Frank T. Kasile M. D.
23B. ADDRESS: Mercy Hosp.
23C. DATE SIGNED: 7/27/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-30-51
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: JUL 30 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: L. J. Luck ADDRESS: 5305 Harford

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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51 6658

1-520

Haines

51 6658

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): AGNES M. HAINES

2. DATE OF DEATH: July 27, 1951

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 212 Stoney Run Lane

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: BALTO
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Towson-- 53-00
D. STREET ADDRESS (If rural, give location): 618 Picadilly Rd.

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: July 25, 1881
9. AGE (In years last birthday): 70
If Under 1 Year: Months: Days:
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles J. VonEiff
14. MOTHER'S MAIDEN NAME: Louisa Knefley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. F. Herbert Haines
ADDRESS: Towson - 618 Picadilly Rd.

MEDICAL CERTIFICATION

18. 260X

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease — INTERVAL BETWEEN ONSET AND DEATH: 2 years

DUE TO

ANTECEDENT CAUSES

(B) Diabetes — ? minimum of years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 12, 1950, *to* 27 July, 1951, *that I last saw the deceased alive on* 27 July, 1951, *and that death occurred at* 5 45 p m., *from the causes and on the date stated above.*

23A. SIGNATURE: J. Douglas Lockard M. D.
23B. ADDRESS: 802 Cathedral St.
23C. DATE SIGNED: 27 July, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/30/51
24C. NAME OF CEMETERY OR CREMATORY: Lorraine Maus.
24D. LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 30 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Pickens & Sons
ADDRESS: Balto. Md.

VS-150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A 352 51 6659 Adams

51 6659

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MARJA SOPHIA ADAMS

2. DATE OF DEATH: July 28, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2911 Ridgewood Ave.
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15-13
D. STREET ADDRESS (If rural, give location): 2911 Ridgewood Ave.

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: Oct. 10, 1887
9. AGE (In years last birthday): 63 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Office Mgr. (rtd)
10B. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Claggett Adams
14. MOTHER'S MAIDEN NAME: Barbara Ellen Keedy

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Josephine Sandlass — ADDRESS: 2909 Ridgewood Av

MEDICAL CERTIFICATION

18. 420.1

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia Terminal — 1 wk

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive C.V. Disease

DUE TO

(C) Cerebral Vascular accident left hemiplegia — 3 Months

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Coronary Sclerosis

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1945, *to* 28 July, 1951 *that I last saw the deceased alive on* 28 July 1945 *and that death occurred at* 2:15 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: Joseph E. Muse Jr. M. D.
23B. ADDRESS: 5 West 29th St.
23C. DATE SIGNED: 28 July 51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/30/51
24C. NAME OF CEMETERY OR CREMATORY: Boonsboro
24D. LOCATION (City, town, or county) (State): Boonsboro, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 30 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. Tickner & Sons
ADDRESS: Balto Md.

VS 150

250 120 0 89 B dk 0

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MacKean, Charles Ellsworth

2. DATE OF DEATH: July 29, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland — BALTIMORE, MARYLAND
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home for Incurables - 700 W. 40th ST
C. Length of stay in Baltimore: 34 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE #10 27-14
D. STREET ADDRESS (If rural, give location): 408 Woodlawn Rd.

5. SEX: MALE
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 17, 1861
9. AGE (In years last birthday): 90 — If Under 1 Year: Months Days — If Under 24 Hours: Hours Min

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk - Retd.
10B. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Cape May Co. N.J.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ALEXANDER MAC KEAN
14. MOTHER'S MAIDEN NAME: JANE Edmonds MaTthews

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: S. E. Ross - 700 W. 40th ST. — ADDRESS: Balto. Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

DUE TO Hypertensive Cardio-Vascular Disease — 20 years

ANTECEDENT CAUSES

(B)

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. 26th, 1946 *to* July 29th, 1951, *that I last saw the deceased alive on* July 28th, 1951, *and that death occurred at* 7 05 Am., *from the causes and on the date stated above.*

23A. SIGNATURE: T. Rewoll M. D.
23B. ADDRESS: 11 E. Chase St. Baltimore Md
23C. DATE SIGNED: 7/29/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: 7/31/51
24C. NAME OF CEMETERY OR CREMATORY: Cold Spring Presby. Ch. Cem.
24D. LOCATION (City, town, or county) (State): Cape May, N.J.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 30 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Tickner & Sons
ADDRESS: Balto Md.

1951 093 06 49

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

162 51 6661

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6661

1. NAME OF DECEASED (Type or Print): JESSIE JEFFERSON

2. DATE OF DEATH: July 28, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 915 N. GILMORE ST.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 16-02
D. STREET ADDRESS (If rural, give location): 915 N. GILMORE ST

5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): S
8. DATE OF BIRTH: 7/27/12
9. AGE (In years last birthday): 39
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): HOMESTIC
10B. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): KANSAS CITY, MO.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JESSE JEFFERSON
14. MOTHER'S MAIDEN NAME: ANGERONE ROBERTS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: NOAH JEFFERSON
ADDRESS: 915 N. GILMORE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary Tuberculosis

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection & Inquiry *thereon and from the evidence obtained by said* ~~Autopsy~~ Autopsy, Inspection or Inquiry, *find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☑, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: Stanley H. Dunlocker M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☑ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: July 29 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 7/31/51
24C. NAME OF CEMETERY OR CREMATORY: MT. AUBURN
24D. LOCATION (City, town, or county) (State): BALTIMORE, MD

DATE RECEIVED BY LOCAL REGISTRAR: JUL 30 1951
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR: CHARLES A. RICE
ADDRESS: 661 N. BARRE ST

V S 151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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51 6662

BIRTH NO. T-520

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6662

Registered No.

1. NAME OF DECEASED (Type or Print): WILLIAM G. THOMAS

2. DATE OF DEATH: July 28, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maryland General Hospital
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 11-04
D. STREET ADDRESS (If rural, give location): 924 N. Eutaw Place

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Sept. 15, 1921
9. AGE (In years last birthday): 29 — If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Gen.

11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A

13. FATHER'S NAME: John F. Thomas
14. MOTHER'S MAIDEN NAME: Cardy Mapp

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Cardy Thomas
ADDRESS: 2804 Simpson St.

MEDICAL CERTIFICATION

18. E902.01

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Fracture of neck and spine

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): House
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 917 Linden Avenue

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): July 28, 1951 12:45 A.m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? Slipped and Fell to ground from third floor window

22. *I certify that I took charge of the remains described above, held an* Inspection & Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☒, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: Stanley H. Dunlacher M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: July 28, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-31-51
24C. NAME OF CEMETERY OR CREMATORY: National Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 30 1951
REGISTRAR'S SIGNATURE: Lurlington Williams, M.D.
25. FUNERAL DIRECTOR: Montrauge A. Crosley
ADDRESS: 576 W. Biddle St.

VS 151

N-805.2 1 59 D099 186a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-650 51 6663

BLM-150734

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6663

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mabel Brown

2. DATE OF DEATH: 7/28/51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Avenue
C. Length of stay in Baltimore (Yrs. Mos. Days): 36 yrs.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 16-01
D. STREET ADDRESS (If rural, give location): 1208 Harlem Avenue

5. SEX: female
6. COLOR OR RACE: negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 17, 1888
9. AGE (In years last birthday): 63 — If Under 1 Year: Months: Days: — If Under 24 Hours: Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Richard Williams
14. MOTHER'S MAIDEN NAME: Sarah J. Hensen
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Records: B.C.H. ADDRESS: 4940 Eastern Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 2days

DUE TO

ANTECEDENT CAUSES

(B) Carcinoma of Cecum — ?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-26, 1951, *to* 7-28, 1951, *that I last saw the deceased alive on* 7-28, 1951, *and that death occurred at* 5:45AM., *from the causes and on the date stated above.*

23A. SIGNATURE: G. S. Cogen M. D.
23B. ADDRESS: 4940 Eastern Avenue
23C. DATE SIGNED: 7/28/51

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 7-31-51
24C. NAME OF CEMETERY OR CREMATORY: Mt Calvary Cemetery
24D. LOCATION (City, town, or county) (State): Cedar Hill, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 30 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Charles R Law
ADDRESS: 802 Madison Ave

VS 150

PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1951 0006 046e

D-500 51 6664 51 6664

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): RACHEL D. DONAHUE

2. DATE OF DEATH: 7-27-51

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 737 BAKER St

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 15-06
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 737 BAKER St

5. SEX: FEMALE
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: 7-27-1890
9. AGE (In years last birthday): 61
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): BALTIMORE
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: CHARLES Smith
14. MOTHER'S MAIDEN NAME: ELANOR RYAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: JAMES A. DONAHUE ADDRESS: 737 BAKER St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Generalized Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: —

DUE TO

(B) Carcinoma of Breast — Dec. 1949.

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-1, 1951, *to* 7-27, 1951, *that I last saw the deceased alive on* 7-27, 1951, *and that death occurred at* 8:15 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: James H. Sheel, Jr. M. D.
23B. ADDRESS: 4108 Liberty Heights Ave.
23C. DATE SIGNED: 7-28-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-31-51
24C. NAME OF CEMETERY OR CREMATORY: Baltimore
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: JUL 30 1951
REGISTRAR'S SIGNATURE: Lucille Williams, M.D.
25. FUNERAL DIRECTOR: Noff & B. M. Walker
ADDRESS: Pratt & Eutaw

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1-520 51 6665 51 6665

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Louise Howard Jones

2. DATE OF DEATH: July 28 '51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 901 Forrest Street
C. Length of stay in Baltimore: Yrs. ~~Mos.~~ ~~Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 10-02
D. STREET ADDRESS (If rural, give location): 901 Forrest

5. SEX: F.
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: ?
9. AGE (In years last birthday): 75
If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: Hannah ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Blanche Mind Jones
ADDRESS: 901 Forrest

MEDICAL CERTIFICATION

18. 44 2X

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) Chr. Cardio-Renal Vascular Disease — 1 yr.

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* 7-28, 19 51, *that I last saw the deceased alive on* 7-28, 19 51, *and that death occurred at* 5:10 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE: Wm. LeRoy Berry M. D.
23B. ADDRESS: 1420 E. Chase
23C. DATE SIGNED: 7-30-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/1/51
24C. NAME OF CEMETERY OR CREMATORY: Mt. Calvary
24D. LOCATION (City, town, or county) (State): Cedar Hill Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 30 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: A. D. Halstead
ADDRESS: 918 Druid Hill ave.

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F-435

51 6666

51 6666

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Edward Feldmeyer

2. DATE OF DEATH: 7 30 51 7.30 pm

3. PLACE OF DEATH:
A. Baltimore City, Maryland Balto. Md.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mount Nursing Home
C. Length of stay in Baltimore: 6 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 5503 Gwynn Oak Ave.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 5503 Gwynn Oak Ave Balto. Md
D. STREET ADDRESS (If rural, give location): 28-02

5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, WIDOWED, ~~DIVORCED~~ (Specify)
8. DATE OF BIRTH: Dec. 29-1858
9. AGE (In years last birthday): 93 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY: Metal Worker
11. BIRTHPLACE (State or foreign country): Annapolis, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Gottlieb Feldmeyer
14. MOTHER'S MAIDEN NAME: Sophia O'Berry.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Philip Hambrecht — ADDRESS: 5503 Gwynn Oak Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma (of Nose) & Rt. Eye. — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

DUE TO

(B) Arteri-Sclerotic Heart Disease with — 6 yrs.

DUE TO

(C) Acute Cardiac Failure. — 5 wks.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug. 2 -, 1949, *to* July - 30, 1951, *that I last saw the deceased alive on* July - 28 -, 1951, *and that death occurred at* 7.30 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Earl L. Chambers M. D.
23B. ADDRESS: 4108 Liberty Hts. Ave.
23C. DATE SIGNED: July - 30 - 51

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: 7-30-51
24C. NAME OF CEMETERY OR CREMATORY:
24D. LOCATION (City, town, or county) (State): Annapolis Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 30 1951
REGISTRAR'S SIGNATURE: Lutrington Williams M.D.
25. FUNERAL DIRECTOR: Jabez M. Taylor & Son — ADDRESS: Annapolis Md.

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3-652

51 6667

51 6667

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Ruth L. Burns

2. DATE OF DEATH: July 28, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Apt. 55, Arion Park Road, Oaklee Village, Balt., Md.
C. Length of stay in Baltimore: About 45 Yrs. ~~Mos.~~ ~~Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give county): Baltimore City
D. STREET ADDRESS (If rural, give location): Apt. 55 Arion Park Rd, Oaklee Village

2544

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: January 12, 1892
9. AGE (In years last birthday): 59
If Under 1 Year: Months — Days —
If Under 24 Hours: Hours — Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Calvert County, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wallace Stevens
14. MOTHER'S MAIDEN NAME: Ida B. Harrison

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Robt. V. Burns (Husband)
ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma left maxillary sinus — INTERVAL BETWEEN ONSET AND DEATH: 9 yrs.

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-28, 1946 *to* 7-28, 1951, *that I last saw the deceased alive on* 7-21, 1951; *and that death occurred at* 2:25 P.m., *from the causes and on the date stated above.*

23A. SIGNATURE: John P. Wolock Jr. M. D.
23B. ADDRESS: 1227 Wash. Blvd
23C. DATE SIGNED: 7-30-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Tues. July 31, 1951
24C. NAME OF CEMETERY OR CREMATORY: Baltimore Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 30 1951
REGISTRAR'S SIGNATURE: Ruth for Williams, M.D.
25. FUNERAL DIRECTOR: A. Howard Evans
ADDRESS: 1400 S. Charles St., Baltimore 30, Md.

VS 150

055d 6656

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2-456

51 6668

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 6668

1. NAME OF DECEASED (Type or Print): CLARA C. PALMER

2. DATE OF DEATH: Sunday - July 29, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 916 E. 36th St.
c. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 18, 9-03
D. STREET ADDRESS (If rural, give location): 916 E. 36th St.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 18, 1875
9. AGE (In years last birthday): 75 — If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife -
10B. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William Schaub
14. MOTHER'S MAIDEN NAME: Jennie F. Knapp
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mathias Palmer (Son) ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Valvular Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 15 yrs

DUE TO

(B) Pneumonia (congestion) — 4 days

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. X

19A. DATE OF OPERATION: X
19B. MAJOR FINDINGS OF OPERATION: X
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH: X
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): X
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): X

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: X
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR? X

22. *I hereby certify that I attended the deceased from* _____, 19~~41~~, *to* 29 July, 19~~51~~, *that I last saw the deceased alive on* 29 July, 1951, *and that death occurred at* 11:40 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE: Z. Vincent Hooker M. D.
23B. ADDRESS: 3534 Hersche Ave
23C. DATE SIGNED: 30 July 51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Wed. Aug. 1, 1951
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 30 1951
REGISTRAR'S SIGNATURE: Lester Williams, M.D.
25. FUNERAL DIRECTOR: P. Howard Evans
ADDRESS: 1400 S. Charles St. Baltimore 30, Md.

VS 150

108.0

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

P-650

51 6669

BIRTH NO. 51-16935

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6669

1. NAME OF DECEASED (Type or Print): Baby Boy Parham

2. DATE OF DEATH: July 28, 1951

3. PLACE OF DEATH: A. Baltimore City, Maryland — Baltimore Md

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital

C. Length of stay in Baltimore: LIFE - 2 ~~Yrs~~ ~~Mos.~~ Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Baltimore, Md.
B. COUNTY: 28
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore, Md.
D. STREET ADDRESS (If rural, give location): Wilmington Ave. (5815)

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): —
8. DATE OF BIRTH: July 26, 1951
9. AGE (In years last birthday): If Under 1 Year: Months — Days: 2 — If Under 24 Hours: Hours — Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Malone Parham
14. MOTHER'S MAIDEN NAME: Mary Lou Parham

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Above - Mother — ADDRESS: Willington Ave

MEDICAL CERTIFICATION

18. 762.5

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Atelectasis — 2 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Prematurity

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 28, 1951, *to* July 28, 1951, *that I last saw the deceased alive on* July 28, 1951, *and that death occurred at* 3:00 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE: M. E. Matthews M. D.
23B. ADDRESS: Univ. Hosp. Baltimore, Md.
23C. DATE SIGNED: July 28, 51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-31-51
24C. NAME OF CEMETERY OR CREMATORY: Elmwood Cem.
24D. LOCATION (City, town, or county) (State): Henderson, N.C.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 30 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Greenfield & Son
ADDRESS: Fremont Ave & 23rd St

VS 150

51 5950

PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S 260
51 6670

51 6670

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mike Aaron Sekora (or) Irene Sikora (Iren Sikora)

2. DATE OF DEATH July 27-51

3. PLACE OF DEATH: A. Baltimore City, Maryland Balto.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 311 S. Maderia St.

C. Length of stay in Baltimore 15 yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Balto.
D. STREET ADDRESS (If rural, give location) 311 S. Maderia St

1-05

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept 1893
9. AGE (In years last birthday) 57
If Under 1 Year: Months, Days
If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manufacturer's Man
10B. KIND OF BUSINESS OR INDUSTRY Footes Packing Co.
11. BIRTHPLACE (State or foreign country) Poland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Sekora
14. MOTHER'S MAIDEN NAME Anna ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No
(If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. 232-03-0830
17. INFORMANT Julia (or) Ulka Sekora ADDRESS 311 S. Maderia St.

MEDICAL CERTIFICATION

18. 581.0

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) Uremic Coma — 7/23/51
DUE TO
(B) Chr. Nephritis — 7/1-50
DUE TO
(C) Cirrhosis of Liver — 7/1/50

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 1, 1951, *to* July 27, 1951, *that I last saw the deceased alive on* July 26, 1951 *and that death occurred at* 2:45 A.m., *from the causes and on the date stated above.*

22A. SIGNATURE William J. Rysavy M. D.
23B. ADDRESS 801 N Lenwood
23C. DATE SIGNED July 27 51

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24B. DATE JULY 31-51
24C. NAME OF CEMETERY OR CREMATORY SACRED HEART CEM
24D. LOCATION (City, town, or county) GERMAN HILL ROAD (State) MD.

DATE RECEIVED BY LOCAL REGISTRAR JUL 30 1951
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25. FUNERAL DIRECTOR Duffel Bro. ADDRESS 1800 E LOMBARD ST.

VS 150

PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1554 42 6659 124 b

801 N KENWOOD AVE DR. RYSANEK SR
PE 4808

P 452
51 6671

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6671

BIRTH NO.

1. NAME OF DECEASED (Type or Print): David S. Plunkert

2. DATE OF DEATH: July 26th 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland 3216 Kentucky Ave
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —
c. Length of stay in Baltimore (Yrs. Mos. Days): Life

4. USUAL RESIDENCE (Where deceased lived. If in institution: residence before admission)
A. STATE: Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto
D. STREET ADDRESS (If rural, give location): 3216 Kentucky Ave

26-03

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 13th 1868
9. AGE (In years last birthday): 83 — If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10B. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Henry Plunkert
14. MOTHER'S MAIDEN NAME: Margaret Small
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. H. Plunkert — ADDRESS: 3216 Kentucky Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb, 195-1 *to* July 25, 195-1, *that I last saw the deceased alive on* July 25, 195-1, *and that death occurred at* 6 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Geo. L. Zimmerman M. D.
23B. ADDRESS: 9858 Harford Rd
23C. DATE SIGNED: 7-29-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: July 31st 1951
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral
24D. LOCATION (City, town, or county) (State): Edmondson Ave

DATE RECEIVED BY LOCAL REGISTRAR: JUL 30 1951
REGISTRAR'S SIGNATURE: Lington Williams, M.D.
25. FUNERAL DIRECTOR: Leo S. Cook — ADDRESS: 1701-03 N. Patterson Park Ave

VS 150

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr Zimmerman 2858 Harford Rd.

L+ 300

51 6672

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6672

Registered No.

BIRTH NO. BC. 5-82545

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): Linda Lee Lloyd

2. DATE OF DEATH: July 28, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland 5344 Nelson Ave
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
C. Length of stay in Baltimore Yrs. Mos. Days Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, Md.
D. STREET ADDRESS (If rural, give location) 5344 Nelson Avenue

27-16

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: June 27, 1947
9. AGE (In years last birthday): 4 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10B. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland U.S.A.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Marlin W. Lloyd
14. MOTHER'S MAIDEN NAME: Marjorie Ridgley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. M. W. Lloyd — ADDRESS: 5344 Nelson Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Malignant Tumor of Orbit — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 28, 1951, *to* July 28, 1951, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 8:15 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Alvin S. Hartz M. D.
23B. ADDRESS: 5443 Park Heights
23C. DATE SIGNED: 7/29/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: July 31/51
24C. NAME OF CEMETERY OR CREMATORY: Mountain View
24D. LOCATION (City, town, or county) (State): Howard Co. Maryland

DATE RECEIVED BY LOCAL REGISTRAR: JUL 30 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Farina Bros.
ADDRESS: 5905 Park Heights Ave

VS 150

51 06 6672

H 400

51 6673

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6673

1. NAME OF DECEASED (Type or Print): JAMES F. HALL, JR.

2. DATE OF DEATH: July 30, 1951

3. PLACE OF DEATH: A. Baltimore City, Maryland — Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lutheran Hospital

C. Length of stay in Baltimore: 21 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY:

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 9-08

D. STREET ADDRESS (If rural, give location): 2202 Harford Avenue

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 5-16-23

9. AGE (In years last birthday): 28yrs — If Under 1 Year: Months 2, Days 14 — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bread salesman

10B. KIND OF BUSINESS OR INDUSTRY: Bond Baking Co.

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James F.Hall Sr.

14. MOTHER'S MAIDEN NAME: Catherine M.Flynn

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Yes — (If yes, give war or dates of service): World War 11

16. SOCIAL SECURITY NO.: 215-14-0711

17. INFORMANT: Mr.James F.Hall Sr. — ADDRESS: 2202 Poplar Graves

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Rupture of intra-cranial aneurysm

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: Stanley B. Durloche M.D.

23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [ ] MEDICAL INVESTIGATOR [ ]

23C. DATE SIGNED: July 30, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: Aug. 3, 1951

24C. NAME OF CEMETERY OR CREMATORY: Baltimore National Cemt.

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 30 1951

REGISTRAR'S SIGNATURE: Lurlington Williams, M.D.

25. FUNERAL DIRECTOR: Elmer W.Conklin — ADDRESS: 924 E.Eager St.

VS 151

PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

4504 0 0 0 6 6 0 0

096.0

640

51 6674

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6674

1. NAME OF DECEASED (Type or Print) Jeff. (JEFFERSON) CORLEY

2. DATE OF DEATH JULY 27 1951

3. PLACE OF DEATH: A. Baltimore City, Maryland OSL-2

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore 40 yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE MARYLAND

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE

D. STREET ADDRESS (If rural, give location) 308 E. 23rd St.

12-04

5. SEX MALE

6. COLOR OR RACE COLORED

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED

8. DATE OF BIRTH 9-1-86

9. AGE (In years last birthday) 64 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Emp. Gas Co.

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) S. C.

12. CITIZEN OF WHAT COUNTRY? U

13. FATHER'S NAME Christian Peter Corley

14. MOTHER'S MAIDEN NAME Charlotte York

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT JOHNS HOPKINS HOSPITAL

ADDRESS

MEDICAL CERTIFICATION

18. 002X

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Staphlococcal pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 14 days

DUE TO

(B) Chronic lung disease

DUE TO

(C) Bronchial stenosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(over)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-12-, 1951, *to* 7-27-, 1951, *that I last saw the deceased alive on* 7-27-, 1951, *and that death occurred at* 3:40 Am., *from the causes and on the date stated above.*

23A. SIGNATURE Frederick W. Dick M. D.

23B. ADDRESS JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED July 27, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 7/31/51

24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem

24D. LOCATION (City, town, or county) A. A. Co (State) Md

DATE RECEIVED BY LOCAL REGISTRAR JUL 30 1951

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR Rayner Sanders

ADDRESS 1412 E. Preston St

VS 150

753 SE 01306

WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The page is especially important. Physicians: please write the causes of death clearly and legibly.

Baltimore City Health Department
Bureau of Tuberculosis
has record of deceased
visit to clinic March, 1951
discharged as "prob inactive"

415

51 6675

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6675

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Elizabeth Contee Sullivan

2. DATE OF DEATH: 7/28/51

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Baltimore, Md.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2743 Guilford Avenue
c. Length of stay in Baltimore: About 55 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write LOCAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2743 Guilford Avenue

12-03

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 26, 1872
9. AGE (In years last birthday): 78 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: ---------
11. BIRTHPLACE (State or foreign country): Prince George Co., Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Snowden Contee
14. MOTHER'S MAIDEN NAME: Elizabeth Gill Bowling

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Charles A. Sullivan — ADDRESS: 2743 Guilford Ave.

MEDICAL CERTIFICATION

18. 772.0

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arthritis (Chronic) — Unknown
DUE TO c Senility
(B)
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 27 *, 1950, to* 7/28/ *, 1951, that I last saw the deceased alive on* 7/27 *, 1951, and that death occurred at* 2 *m., from the causes and on the date stated above.*

23A. SIGNATURE: Charles R. Goodbourn M. D.
23B. ADDRESS: 2923 St Paul St
23C. DATE SIGNED: 7/30/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/31/51
24C. NAME OF CEMETERY OR CREMATORY: Holy Rood
24D. LOCATION (City, town, or county) (State): Washington, D. C.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 30 1951
REGISTRAR'S SIGNATURE: Winston Williams, M.D.
25. FUNERAL DIRECTOR: H. W. Meaks and Son — ADDRESS: 805 N. Calvert St.

VS 156

6666059b

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H 555

51 6676
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X Registered No. 51 6676

1. NAME OF DECEASED (Type or Print): JOHN HANEMAN

2. DATE OF DEATH: 7/26/51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Ellicott City
B. COUNTY: Md Howard
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): W MAIN St 63-00
D. STREET ADDRESS (If rural, give location):

5. SEX: Mak
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 1887 10-29
9. AGE (In years last birthday): 63 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: N.J. Dickey & Sons TEXTILE MILL
11. BIRTHPLACE (State or foreign country): ~~Poland~~ AUSTRIA
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Anton
14. MOTHER'S MAIDEN NAME: Magdalene
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): YES
(If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: 214-18-5270
17. INFORMANT: ANNIE E. Shipley — ADDRESS: 1 MAIN St Ellicott City

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs.
DUE TO
(B) Heart failure — 1 month
DUE TO
(C) Pulmonary fibrosis, Hypertensive CVD. — ?

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 3, 1951, *to* July 26, 1951, *that I last saw the deceased alive on* July 26, 1951, *and that death occurred at* 3:15 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: A. Richardson M. D.
23B. ADDRESS: University Hosp.
23C. DATE SIGNED: 7/27/51

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 7-30-51
24C. NAME OF CEMETERY OR CREMATORY: GOOD SHEPHERD
24D. LOCATION (City, town, or county) (State): ELLICOTT CITY Md

DATE RECEIVED BY LOCAL REGISTRAR: JUL 30 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: F. C. HIGINBOTHOM — ADDRESS: ELLICOTT CITY Md

VS 150

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1510 970YE 093d

W-300

51 6677

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6677

1. NAME OF DECEASED (Type or Print): ISIAH WHITE

2. DATE OF DEATH: July 27, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Found at East Falls and Eastern Avenue
C. Length of stay in Baltimore: Since Time (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 621 North Dallas Street

7-05

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept 12
9. AGE (In years last birthday): 67?
If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Porter at
10B. KIND OF BUSINESS OR INDUSTRY: Johns Hopkins Hos
11. BIRTHPLACE (State or foreign country): Calvert Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Enoch White
14. MOTHER'S MAIDEN NAME: Annie

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Drowning, found drowned — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerotic Cardiovascular Disease

DUE TO

(C)

E979.8

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Harbor
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Found at East Falls and Eastern Avenue

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): 7/ /51 m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR? Drowning, found drowned

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE: Stanley H. Duncan M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: 7-27-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: July 31-1951
24C. NAME OF CEMETERY OR CREMATORY: Mt. Calvary Cem.
24D. LOCATION (City, town, or county) (State): A. A. Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 30 1951
REGISTRAR'S SIGNATURE: Katherine Williams, M.D.
25. FUNERAL DIRECTOR: Robert E. Williams
ADDRESS: 1575 McElderry

VS 151

N-990X

289 87 6 6 983.0

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-51 400 6678

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X Registered No. 51 6678

BIRTH NO.

1. NAME OF DECEASED (Type or Print): William Corcoran Hill Sr.

2. DATE OF DEATH: July 29, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital
C. Length of stay in Baltimore: 12 ~~Yrs.~~ ~~Mos.~~ Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore County
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural: Ruxton, 4, Maryland
D. STREET ADDRESS (If rural, give location): Berwick Rd. 53-00

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 20, 1883
9. AGE (In years last birthday): 68
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sales Engineer
10B. KIND OF BUSINESS OR INDUSTRY: Formica Sales for self
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Stephen P. Hill
14. MOTHER'S MAIDEN NAME: Eugenia Phillips

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Unknown
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Jessica Hill — ADDRESS: Ruxton, 4, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 13 days

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) arteriosclerotic heart disease — ? years

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: ✓
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 17, 1951, *to* July 29, 1951, *that I last saw the deceased alive on* July 29, 1951, *and that death occurred at* 12 noon p. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Alfred S. Nelson M. D.
23B. ADDRESS: Union Memorial Hospital, Baltimore 18, Maryland
23C. DATE SIGNED: July 29, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/31/51
24C. NAME OF CEMETERY OR CREMATORY: Druid Ridge
24D. LOCATION (City, town, or county) (State): Pikesville, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: JUL 30 1951
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Frank H. Yewell — ADDRESS: Pikesville, Md.

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1951 P494R 6667093d

S-310

51 6679
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6679
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): HENRY STAAB

2. DATE OF DEATH: 7/28/51

3. PLACE OF DEATH:
A. Baltimore City, Maryland 2513 E. Biddle St
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY 2513 E. Biddle Street
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, Md. 8-03
D. STREET ADDRESS (If rural, give location) 2513 E. Biddle Street

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widower
8. DATE OF BIRTH: May 10, 1878
9. AGE (In years last birthday): 73
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Furniture Finisher
10B. KIND OF BUSINESS OR INDUSTRY: Bagley Furniture Co
11. BIRTHPLACE (State or foreign country): Baltimore,
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Philip Staab (M)
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 213-03-5513
17. INFORMANT: John A. Staab, 617 North Bouldin Street — ADDRESS

MEDICAL CERTIFICATION

18. 4221

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocarditis

DUE TO

ANTECEDENT CAUSES

(B) Arteriosclerotic cardio-vascular disease

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) arteriosclerosis

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): —
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* Dec 1, 1945 *to* July 28, 1951, *that I last saw the deceased alive on* July 28, 1951, *and that death occurred at* 10 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: John J Gould M. D.
23B. ADDRESS: 14 N. East ave
23C. DATE SIGNED: 7-28-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/31/51
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cem.
24D. LOCATION (City, town, or county) (State): Belair Rd.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 30 1951
REGISTRAR'S SIGNATURE: Lillington Williams M.D.
25. FUNERAL DIRECTOR: Schimunek Funeral Home Inc.
ADDRESS: 2601-03-05 E. Madison Street

VS 150

5670 23 0 6 8 8 3d

N-300

51 6680

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6680

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ROBERT V. WHITE

2. DATE OF DEATH: July 30, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Washington Apts. Charles & Mt. Vernon Place
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): Charles & Mt. Vernon Place

11-02

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Oct. 1, 1872
9. AGE (In years last birthday): 78
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baker (rtd)
10B. KIND OF BUSINESS OR INDUSTRY: Bakery
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Albert A. White
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): -
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Glendora M. White
ADDRESS: - Charles & Monument

MEDICAL CERTIFICATION

18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) Arteriosclerotic heart disease — 6 yrs.

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/9, 1945, *to* 7/29, 1951, *that I last saw the deceased alive on* 7/29, 1951, *and that death occurred at* 2:20 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: C. Edward Leach M. D.
23B. ADDRESS: 14 E. Eager St
23C. DATE SIGNED: 7/30/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/1/51
24C. NAME OF CEMETERY OR CREMATORY: Lorraine Cem.
24D. LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 30 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Pickner & Sons
ADDRESS: 6 39th Balto. Md.

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-432

51 6681

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 6681

1. NAME OF DECEASED (Type or Print): Miss Dorothy Axford Shields Ph. D.

2. DATE OF DEATH: 7-30-51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maryland General Hospital.
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. also Penna.
B. ~~COUNTY~~
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. Oil City
D. STREET ADDRESS (If rural, give location): 3203 N. Charles St.

12-02

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Sept. 25, 1908.
9. AGE (In years last birthday): 42 — If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher
10B. KIND OF BUSINESS OR INDUSTRY: Goucher College
11. BIRTHPLACE (State or foreign country): PA.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George A. Shields
14. MOTHER'S MAIDEN NAME: Katherine Axford.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 220-30-3769
17. INFORMANT: Mary E. Nugent — ADDRESS: Walbert Apts. Balto. 18

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Metastatic carcinoma of Liver, Lungs, Spine — INTERVAL BETWEEN ONSET AND DEATH: 4 months.

DUE TO

ANTECEDENT CAUSES

(B) Carcinoma of Left Breast.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 6-15-51
19B. MAJOR FINDINGS OF OPERATION: Schirrous Carcinoma of Left Breast
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): ~~Home~~.
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-3-, 1951, to 7-30, 1951, that I last saw the deceased alive on 7-30, 1951, and that death occurred at 1:15 A m., from the causes and on the date stated above.

23A. SIGNATURE: Frank D. Hawker M. D.
23B. ADDRESS: Maryland General Hospital
23C. DATE SIGNED: 7-30-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: 7/30/51
24C. NAME OF CEMETERY OR CREMATORY: -
24D. LOCATION (City, town, or county) (State): Oil City, Pa.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 30 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Pickner & Sons
ADDRESS: Balto Md.

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

0298VD 0 0 6 8 5 8 0 0

51 6682

W-256

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6682

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): George Edward Wagner

2. DATE OF DEATH: July 28, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION: 00
(If not in hospital or institution, give street address or location): 2631 N. Calvert St.
C. Length of stay in Baltimore: 73 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: none
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 2631 N. Calvert St. 12-03
D. STREET ADDRESS (If rural, give location): Baltimore

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: 10 - 6 - 65
9. AGE (In years last birthday): 85 | If Under 1 Year: Months | Days | If Under 24 Hours: Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): carriage builder
10B. KIND OF BUSINESS OR INDUSTRY: retired
11. BIRTHPLACE (State or foreign country): Upper Crossroad, Harford Co., Md
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: Philip Wagner
14. MOTHER'S MAIDEN NAME: Christine Messick
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: G. Edward Wagner, Jr. - ADDRESS: 2631 N. Calvert St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH: 3 mo.

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 1, 1951, *to* July 28, 1951, *that I last saw the deceased alive on* July 27, 1951, *and that death occurred at* 3 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: Robert H. Mortimer M.D.
23B. ADDRESS: 2706 St. Paul St.
23C. DATE SIGNED: 7/30/51

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 7 - 31 - 51
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 31 1951
REGISTRAR'S SIGNATURE: Emlington Williams, M.D.
25. FUNERAL DIRECTOR: John O. Mitchell & Sons, Inc. - ADDRESS: 1900 Eutaw Pl.

MB Mitchell

VS 150

5 10 Dr. Mortimer Rec 6046-B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K 520

51 6683

51 6683

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MARTHA V. KING

2. DATE OF DEATH: 7-28-5

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hosp
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY: BALTO.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTO 13-07
D. STREET ADDRESS (If rural, give location): 4032 ROLAND AVE. -11

5. SEX: F
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct. 3, 1869
9. AGE (In years last birthday): 81
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Steven Mac Donald
14. MOTHER'S MAIDEN NAME: Sarah Trigg

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Miss Martha V. King ADDRESS: 4032 Roland Ave.

MEDICAL CERTIFICATION

18. E916.0

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Burns - 1°, 2°, 3° - face, neck, rt. arm, back, buttocks — INTERVAL BETWEEN ONSET AND DEATH: 5 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Pyelitis Chronic

DUE TO

(C) Uremia

CERTIFICATION APPROVED BY
Stanley K. Dandelow M. D.
CHIEF OR ASST. MEDICAL EXAMINER.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 4032 Roland Ave - 1
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): July 23, 195 12⁰⁰ Am.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR? Natural gas explosion

22. I hereby certify that I attended the deceased from 7-23, 1951, to 7-28, 195, that I last saw the deceased alive on 7-28, 1951, and that death occurred at 6⁰⁰ P m., from the causes and on the date stated above.

23A. SIGNATURE: Henry E. Langenfelder M. D.
23B. ADDRESS: University Hosp
23C. DATE SIGNED: 7-28-51

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 7 - 31 - 51
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 31 1951
REGISTRAR'S SIGNATURE: Huttington Williams, M.D.
25. FUNERAL DIRECTOR: John O. Mitchell & Sons, Inc. ADDRESS: -1900 Eutaw Pl.
M B Mitchell

VS 150

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181.0

PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 6684 51 6684

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. A-651

1. NAME OF DECEASED (Type or Print): HARRY ARENBERG

2. DATE OF DEATH: 7-30-51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Levindale Aged Home
C. Length of stay in Baltimore 50 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 125 N. Ann Street

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWER
8. DATE OF BIRTH: 1884
9. AGE (In years last birthday): 67 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer
10B. KIND OF BUSINESS OR INDUSTRY: brush factory
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME: Morris Arenberg (M)
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Anna Erdman — ADDRESS: 2611 Shirley Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral hemorrhage — 7 days

DUE TO

(B) arteriosclerosis — years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-31-50 *to* 7-30, 1951, *that I last saw the deceased alive on* 7-30, 1951, *and that death occurred at* 5:30 p m., *from the causes and on the date stated above.*

23A. SIGNATURE: Henry Nagel M. D.
23B. ADDRESS: Levindale Home
23C. DATE SIGNED: 7-30-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/31/51
24C. NAME OF CEMETERY OR CREMATORY: Bnai Israel Congregation
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: JUL 31 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Sol. Levinson + Bros — ADDRESS: 1124-26 W. North Ave.

VS 150

1 9 5 7 0 3 2 0 0 6 6 7 0 8 3 a

PLEASE WRITE IN INK ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 6685 51 6685

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. S-160 Registered No.

1. NAME OF DECEASED (Type or Print): Lena Shofer
2. DATE OF DEATH: 7/30/51
3. PLACE OF DEATH: A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sinai Hospital
C. Length of stay in Baltimore: 50 yrs (Yrs. Mos. Days)
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: Maryland B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2618 Loyola Southway 15-13
5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: 1877
9. AGE (In years last birthday): 74 If Under 1 Year: Months Days If Under 24 Hours: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10B. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr Rube Shofer ADDRESS: 3230 Legnora Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial infarction

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

420.1

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Cholecystectomy

19A. DATE OF OPERATION: 7/27/51
19B. MAJOR FINDINGS OF OPERATION: Chronic cholecystitis
20. AUTOPSY? YES ☐ NO ☑
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/27, 1951, to 7/30, 1951, that I last saw the deceased alive on 7/30, 1951, and that death occurred at 1155 A.m., from the causes and on the date stated above.

23A. SIGNATURE: David Solomon M. D.
23B. ADDRESS: Sinai Hospital
23C. DATE SIGNED: July 30/51
24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: July 31/51
24C. NAME OF CEMETERY OR CREMATORY: Anshei Emunah Cemetery
24D. LOCATION (City, town or county) (State): Balto Md.
DATE RECEIVED BY LOCAL REGISTRAR: JUL 31 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Sol Levinson Bro
ADDRESS: 1126 W North ave.

VS 150

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

N+ 350

51 6686

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 6686

51 6686

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): William R. Whitten

2. DATE OF DEATH: July 29, 1951

3. PLACE OF DEATH: A. Baltimore City, Maryland 3506 E. Fayette St.,

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md.

B. COUNTY:

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore, Md.

D. STREET ADDRESS (If rural, give location): 3506 E. Fayette St.,

26 44

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widower

8. DATE OF BIRTH: Aug 7, 1913

9. AGE (In years last birthday): 37 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stock Clerk

10B. KIND OF BUSINESS OR INDUSTRY: Western Electric

11. BIRTHPLACE (State or foreign country): Baltimore,

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William R. Whitten (Supplied)

14. MOTHER'S MAIDEN NAME: Mamie Geary

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): yes (If yes, give war or dates of service): W.W. II

16. SOCIAL SECURITY NO.: 216-6-9144

17. INFORMANT: Rose Whitten (wife) ADDRESS: 3506 E. Fayette Street

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

196X

(A) Generalized Carcinomatosis — Indefinite

DUE TO

ANTECEDENT CAUSES

(B) Carcinoma - rt shoulder joint — 4 years.

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-28, 1951, *to* 7-29, 1951, *that I last saw the deceased alive on* 7-28, 1951, *and that death occurred at* 12:25 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: Albert C Hermann M. D.

23B. ADDRESS: 2921 E. Federal St.

23C. DATE SIGNED: 7-31-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8/1/51

24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cem.

24D. LOCATION (City, town, or county) (State): Belair Road

DATE RECEIVED BY LOCAL REGISTRAR: JUL 31 1951

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: Schimunek Funeral Home Inc.

ADDRESS: 2601-03-05 E. Madison Street.

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3503A 006 5-7-65

51 6687

51 6687

BIRTH NO. S-432

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): SADIE MATILDA SELTZER

2. DATE OF DEATH: July 28, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2107 W. Saratoga St.
C. Length of stay in Baltimore (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2107 W. Saratoga St. 20.07

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Dec. 5, 1889
9. AGE (In years last birthday): 61 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Raab
14. MOTHER'S MAIDEN NAME: Mary Simon

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): –
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. Francis M. Seltzer
ADDRESS: 2107 W. Saratoga

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Uterus C — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs.
DUE TO
(B) Malnutrition
DUE TO
(C) Heart Failure

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: June 4, 1948.
19B. MAJOR FINDINGS OF OPERATION: Carcinoma of Cervix
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov, 1948, *to* July 28, 1951, *that I last saw the deceased alive on* July 28, 1951, *and that death occurred at* 6 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: J. E. Clendi, M. D.
23B. ADDRESS: 118 Chase St.
23C. DATE SIGNED: July 29, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/31/51
24C. NAME OF CEMETERY OR CREMATORY: Woodlawn Cem.
24D. LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 31 1951
REGISTRAR'S SIGNATURE: Thurlington Williams, M.
25. FUNERAL DIRECTOR: Wm. J. Tickner & Sons
ADDRESS: 2668 Reb Balto., Md.

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 6688

BIRTH NO. R-140

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6688

Registered No.

1. NAME OF DECEASED (Type or Print): Miss Ava Bell Riffel

2. DATE OF DEATH: 7-30-51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home for Incurables
C. Length of stay in Baltimore: Yrs. 70 Mos. Days Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 13-07

5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Feb. 22, 1871
9. AGE (In years last birthday): 80 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pvt. Secry (rtd)
10B. KIND OF BUSINESS OR INDUSTRY: Secretarial
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Riffel
14. MOTHER'S MAIDEN NAME: Elizabeth Griffith

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: F. N. Webb — ADDRESS: 700 W. 40th St. Balto. Md.

MEDICAL CERTIFICATION

18. 422.1

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days

DUE TO Arteriosclerotic Cardio-Vascular Disease — Many Years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 5th, 1943 *to* July 30th, 1951, *that I last saw the deceased alive on* July 29th, 1951 *and that death occurred at* 1:15 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: T. Gwolf, M. D.
23B. ADDRESS: 11 E. Chase St, Baltimore 18
23C. DATE SIGNED: 7/30/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/1/51
24C. NAME OF CEMETERY OR CREMATORY: Green Mount Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 31 1951
REGISTRAR'S SIGNATURE: Thomas J. Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Grakner & Sons
ADDRESS: 898 W. Balto. Md.

VS 150

1951 0 0 0

51 6689

BIRTH NO. C-500

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6689

Registered No.

1. NAME OF DECEASED (Type or Print): ELLA COHEN

2. DATE OF DEATH: 7/30/51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SINAI HOSP.
C. Length of stay in Baltimore: 50 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 109 N. Chester St. 6-03

5. SEX: F
6. COLOR OR RACE: W
7. ~~SINGLE~~ MARRIED, WIDOWED, DIVORCED (Specify): ~~MARRIED~~
8. DATE OF BIRTH:
9. AGE (In years last birthday): 62 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jacob
14. MOTHER'S MAIDEN NAME: Golde

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Nathan Cohen
ADDRESS: 3511 White Chapel Rd

MEDICAL CERTIFICATION

18. 420.1

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Antero-Lateral myocardial Infarct

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Pulmonary embolism

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/23/, 1951, *to* 7/30, 1951, *that I last saw the deceased alive on* 7/30, 1951, *and that death occurred at* 9:15 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE: Solomon Cohen M. D.
23B. ADDRESS: Sinai Hosp.
23C. DATE SIGNED: 7/30/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-31-51
24C. NAME OF CEMETERY OR CREMATORY: Rosedale
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: JUL 31 1951
REGISTRAR'S SIGNATURE: Curtis Jon Williams, M.D.
25. FUNERAL DIRECTOR: Jacob Levin Inc.
ADDRESS: 2100 Eutaw Pl

VS 150

094a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

51 6690

51 6690 P-626

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): JESSE PARKER

2. DATE OF DEATH: 7-28-1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bar Williams Convalescent Home
C. Length of stay in Baltimore: 24 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2471 Druid Hill Ave. 13-03

5. SEX: Male
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 9-24-1882
9. AGE (In years last birthday): 68
If Under 1 Year: Months Days; If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer, Aberdeen Proving Ground
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Mutual, Calvert Co. Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William Parker
14. MOTHER'S MAIDEN NAME: Martha Brown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Rosie Parker ADDRESS: 1210 E. Chase St.

MEDICAL CERTIFICATION

18. 450.1

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Generalized Arteriosclerosis

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Myocardial Failure, Congestive

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from D.O.A., 19__, to July 28, 1951, that I last saw the deceased alive on __, 19__, and that death occurred at 9:45 p.m., from the causes and on the date stated above.
Attended by Dr. R. L. Jackson, physician.

23A. SIGNATURE: G. Banfield M. D.
23B. ADDRESS: 722 N. Fulton Ave.
23C. DATE SIGNED: 7/30/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-1-1951
24C. NAME OF CEMETERY OR CREMATORY: Mt. Calvary
24D. LOCATION (City, town, or county) (State): Ann Arundel Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 31 1951
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR: Randolph J. Walker ADDRESS: 1532 Biddle St.

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

97 98 0 098.0

51 6691

BIRTH NO. H-458

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6691

Registered No.

1. NAME OF DECEASED (Type or Print): Helmecke, Otto

2. DATE OF DEATH: 7/30/51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Church Home & Hospital
C. Length of stay in Baltimore: 45 Yrs. ~~Mos.~~ ~~Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Balto City
C. CITY OR TOWN (If outside corporate limits write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1608 E 32nd St.

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: April 27, 1879
9. AGE (In years last birthday): 72 yrs.
If Under 1 Year: Months: Days:
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Night Watchman.
10B. KIND OF BUSINESS OR INDUSTRY: Factory
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Helmecke, William
14. MOTHER'S MAIDEN NAME: Sauer, Dorothy

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No.
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Hofman, Henry
ADDRESS: 1608 E 32nd St

MEDICAL CERTIFICATION

18. 204.0

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Leukemia, lymphatic — INTERVAL BETWEEN ONSET AND DEATH: 3 MO.

DUE TO

ANTECEDENT CAUSES

(B) Arterio scler. C.V. Disease — ?

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) Cardiac decompensation — 2 wks
Pulmonary edema.

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): —
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/3/51, 19__, *to* 7/30/51, 19__, *that I last saw the deceased alive on* 7/30/51, 19__, *and that death occurred at* 6 3/4 *a.m., from the causes and on the date stated above.*

23A. SIGNATURE: J. Hofmann M. D.
23B. ADDRESS: Church Home & Hosp
23C. DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify): Buried
24B. DATE: 8/1/51
24C. NAME OF CEMETERY OR CREMATORY: Oak Lawn Cemetery
24D. LOCATION (City, town, or county) (State): Balto Co Md

DATE RECEIVED BY LOCAL REGISTRAR: JUL 30 1951
REGISTRAR'S SIGNATURE: Lurlington Williams, M.D.
25. FUNERAL DIRECTOR: J. Bugg Smith
ADDRESS: 1407 Eutaw Gov

VS 150

76344

074a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 6692

51 6692

BIRTH NO. L-512

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): Paul E Leimbach

2. DATE OF DEATH: July 28-51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2304 E. FEDERAL ST.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 8-07
D. STREET ADDRESS (If rural, give location): 2304 E Federal St

5. SEX: M
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Dec. 17-1879
9. AGE (In years last birthday): 72
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: gen
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Paul E Leimbach
14. MOTHER'S MAIDEN NAME: Catherine Miller

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Annie Eickelberger ADDRESS: 2304 E Federal St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 8 hours.
DUE TO
(B) Coronary Sclerosis.
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

420.1 and 163X

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Carcinoma of the lung

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 28, 1951, *to* July 28, 1951, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 12-2 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Albert C Herrmann M. D.
23B. ADDRESS: 2921 E. Federal St.
23C. DATE SIGNED: 7-31-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/31/51
24C. NAME OF CEMETERY ~~OR CREMATORY~~: Loudon Park
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: JUL 31 1951
REGISTRAR'S SIGNATURE: Lurlington Williams, M.D.

25. FUNERAL DIRECTOR: Wm. Cook, Inc. ADDRESS: 1121 N. Paul St.

VS 150

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO. 51 6693 M-350

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6693

1. NAME OF DECEASED (Type or Print): Jefferson D. Mathaney

2. DATE OF DEATH: July 30, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2601 Roslyn Avenue
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2005 Guilford Avenue 12-04

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: Dec. 16, 1862
9. AGE (In years last birthday): 88 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Grocery Clerk
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Daniel Mathaney
14. MOTHER'S MAIDEN NAME: Louisa P. Morris

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mrs. A. J. Frederick, Westminster, Md. — ADDRESS:

MEDICAL CERTIFICATION

18. 331X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Vascular accident — 25 days
DUE TO
(B) arteriosclerosis — ?
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. —

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH —
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. —
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 5, 1951, *to* July 30, 1951, *that I last saw the deceased alive on* July 30, 1951, *and that death occurred at* 7:45 *m., from the causes and on the date stated above.*

23A. SIGNATURE: Francis W. Gluck M. D.
23B. ADDRESS: 3406 St Paul St
23C. DATE SIGNED: 7/31/51

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 8/1/51
24C. NAME OF CEMETERY OR CREMATORY: Baltimore Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: JUL 31 1951
REGISTRAR'S SIGNATURE: Westminster, Md.
25. FUNERAL DIRECTOR: Wm. Cook, Dir.
ADDRESS: 1217 St. Paul Street

VS 150

1951 0 0 0 6 6 8 9 083a

51 6694

BIRTH NO. J-630

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6694

Registered No.

1. NAME OF DECEASED (Type or Print): RALPH JARRETT

2. DATE OF DEATH: July 28, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 9 W. Preston Street 11-02

5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): Married
8. DATE OF BIRTH: 12/27/1896
9. AGE (In years last birthday): 54 — If Under 1 Year: Months: Days: — If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Proprietor
10B. KIND OF BUSINESS OR INDUSTRY: Vending Machine Business
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: John Jarrett (Dist. Col)
14. MOTHER'S MAIDEN NAME: Florence Binnix

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Helen C. Jarrett — ADDRESS: 1511 Kingsway Rd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

E970.V1

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Barbiturate poisoning

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 9 W. Preston Street
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): July 28, 1951 A.m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR?: Ingestion of seconal capsules

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [ ], *accident* [ ], *suicide* [X], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: Stanley R. Dunlavey M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: July 28, 1951

24A. BURIAL, ~~CREMATION, REMOVAL (Specify)~~: Burial
24B. DATE: 8/1/51
24C. NAME OF CEMETERY ~~OR CREMATORY~~: Western
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 31 1951
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Wm Cook Inc. — ADDRESS: 1217 St. Paul St.

VS 151

N-971.0 29068 06805 163B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 6695 51 6695

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. P-632 Registered No.

1. NAME OF DECEASED (Type or Print): Margaret W. Protzman

2. DATE OF DEATH: 7/24/51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6000 Bellona Ave
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto
D. STREET ADDRESS (If rural, give location): 503 E. 39th St 9-01

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 9/4/1896
9. AGE (In years last birthday): 54 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Book Keeper
10B. KIND OF BUSINESS OR INDUSTRY: New Amsterdam Casualty Co
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Conrad Protzman
14. MOTHER'S MAIDEN NAME: Elizabeth Protzman
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-07-0478
17. INFORMANT: Elizabeth McLain ADDRESS: 803 E. 33rd St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Probably carcinoma of the colon with marked hemorrhage. — INTERVAL BETWEEN ONSET AND DEATH: 24 hours.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive cardiovascular disease — 12 years.

DUE TO

(C) Right-sided hemiplegia. — About 18 hours.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: None.
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* About 1938, 19__, *to* July 28, 19 51, *that I last saw the deceased alive on* July 28, 19 51, *and that death occurred at* 10 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: 11 E. Chase St., Balto. 2, Md.
23C. DATE SIGNED: 7-30-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/1/51
24C. NAME OF CEMETERY OR CREMATORY: Balto.
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 31 1951
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Wm Cook Inc. ADDRESS: 1217 St. Paul St.

VS 150

350178 0 6 6 8 1 0 4 6 2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K-460

51 6696

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6696

Registered No.

1. NAME OF DECEASED (Type or Print): Walter S. Kahler

2. DATE OF DEATH: July 29-51 3P.M.

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Baltimore Md.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 503 E. 36 St
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: 503 E 36 St
B. COUNTY: Baltimore Md
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto
D. STREET ADDRESS (If rural, give location): 503 E 36-

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 16-1883
9. AGE (In years last birthday): 67
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
10B. KIND OF BUSINESS OR INDUSTRY: Arundel Corp. Co N.J.
11. BIRTHPLACE (State or foreign country): Balto Co Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: (unknown) Kahler
14. MOTHER'S MAIDEN NAME: Ellen (Unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Sarah E Kahler — ADDRESS: 503 E 36 St (wife)

MEDICAL CERTIFICATION

18. 163X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma Right lung — 8 mo

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION: ✓
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 29, 1950, *to* July 29, 1951, *that I last saw the deceased alive on* July 28, 1951, *and that death occurred at* 3 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Thomas P. A. Stokes M. D.
23B. ADDRESS: 2878 Harford Rd
23C. DATE SIGNED: 7-30-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/1/51
24C. NAME OF CEMETERY OR CREMATORY: Mt. Parkwood
24D. LOCATION (City, town, or county) (State): Parkville Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 31 1951
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Wm Cook Inc. — ADDRESS: 1217 St. Paul St.

VS 150

1951 5 4 2 6 8 5 47c

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-236
51 6697

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 6697
Registered No.

BIRTH NO. Rockstroh

1. NAME OF DECEASED (Type or Print): Anna Rockstroh
2. DATE OF DEATH: 7/30/51

3. PLACE OF DEATH:
A. Baltimore City, Maryland ✓
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 43 South Baltimore General Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2532 Garrett Ave. 9-07

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 2/22/1892
9. AGE (In years last birthday): 59 — If Under 1 Year: Months / Days / Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife and
10B. KIND OF BUSINESS OR INDUSTRY: Garment Worker
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: (Unknown) Saunder
14. MOTHER'S MAIDEN NAME: Agnes (Unknown)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Wilbur A. Rockstroh — ADDRESS: 2532 Garrett ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: a few days
DUE TO
(B) Hypertensive cardio vascular disease — years
DUE TO
(C) Arteriosclerosis heart disease — years

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) m. OF INJURY
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/7/51, 19__, *to* 7/30/51, 19__, *that I last saw the deceased alive on* 7/30/51, 19__ *and that death occurred at* 2:10P *m., from the causes and on the date stated above.*

23A. SIGNATURE: Agustin del Campo M. D.
23B. ADDRESS: 1213 Light St.
23C. DATE SIGNED: 7/30/51

24A. BURIAL, ~~CREMATION, REMOVAL~~ (Specify): Burial
24B. DATE: [illegible]
24C. NAME OF CEMETERY ~~OR CREMATORY~~: Balto.
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 31 1951
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Wm Bok Inc. — ADDRESS: 1217 St. Paul st.

VS 150

6804 6 6 8 6 093d

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BLM-132985 51 6698

51 6698

BIRTH NO. L-000

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): William Law Sr.

2. DATE OF DEATH: 7/30/51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Avenue
C. Length of stay in Baltimore: life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 10-01
D. STREET ADDRESS (If rural, give location): 1224 Brentwood Avenue Zone 2

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: April 20, 1915
9. AGE (In years last birthday): 36 — If Under 1 Year: Months / Days; If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: City of Balto
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Steward Law
14. MOTHER'S MAIDEN NAME: Elizabeth Graham
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or uoknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Records: B.C.H. 4940 Eastern Avenue — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 2½ Yrs.

DUE TO

(B) Bilateral, Far Advanced With Cavitation

DUE TO

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-25, 1949, *to* 7-30, 1951, *that I last saw the deceased alive on* 7-30, 1951, *and that death occurred at* 12:15 PM *from the causes and on the date stated above.*

23A. SIGNATURE: O. S. Rogan M. D.
23B. ADDRESS: 4940 Eastern Avenue
23C. DATE SIGNED: 7/30/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/2/51
24C. NAME OF CEMETERY OR CREMATORY: Parkwood
24D. LOCATION (City, town, or county) (State): Parkville Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 31 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm Cook Inc. — ADDRESS: 127 S. Paul St.

VS 150

1 9 5 9 D 0 0 9 3 0 6 8 1 8 7

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 6699

BIRTH NO. W-345

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6699

Registered No.

1. NAME OF DECEASED (Type or Print): LEONARD R. WOODLAND

2. DATE OF DEATH: July 29, 1951

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Provident Hospital

C. Length of stay in Baltimore: Yrs. Mos. Days — Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 573 Baker Street

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: 1/25/27
9. AGE (In years last birthday): 24 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Porter
10B. KIND OF BUSINESS OR INDUSTRY: ~~Furniture Store~~
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Henry Woodland
14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): yes (If yes, give war or dates of service): W. W. II
16. SOCIAL SECURITY NO.
17. INFORMANT: Dorothy Woodland — ADDRESS: 573 Baker St.

MEDICAL CERTIFICATION

18. E981 X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bullet wound of head

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): 1412 Laurens St.
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Home of Mrs. Lottie Harrison 1412 Laurens Street
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): July 29, 5:30 P. m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR? Firearms

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [ ], *accident* [ ], *suicide* [ ], *homicide* [X], *undetermined* [ ].

23A. SIGNATURE: Stanley H. Dunlevy M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: July 30, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/2/51
24C. NAME OF CEMETERY OR CREMATORY: Balto. National
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 31 1951
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Geo. G. Kelson — ADDRESS: 1303 Presstman St.

VS 151

N-853.4 9 57806G Geo. G. Kelson 1660

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

0029 51

51 6700

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. M-300

Registered No.

1. NAME OF DECEASED (Type or Print): GEORGE E MEADE

2. DATE OF DEATH: 7-30-51

3. PLACE OF DEATH:
A. Baltimore City, Maryland 417 N. PEARS. ST
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —
C. Length of stay in Baltimore: LIFE (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 417 N PEARL. ST. 17-01

5. SEX: M
6. COLOR OR RACE: COL
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 5-25-02
9. AGE (In years last birthday): 49 — If Under 1 Year: Months 2, Days 3, Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PORTER
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): BALTIMORE Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: HARRY MEADE. Md
14. MOTHER'S MAIDEN NAME: EMMA COLLINS VA
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: EMMA FREEMAN. ADDRESS: 417 N. PEARL. ST.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

443 X

(A) Cardiac Enlargement, and Congestive Failure

DUE TO

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive Cardio-Vascular Disease

DUE TO

(C) Generalized Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Prostatic Edema.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 10, 1951, *to* July 27, 1951, *that I last saw the deceased alive on* July 27, 1951, *and that death occurred at* 9:00 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Jno. H. Cates, M. D.
23B. ADDRESS: 1700 Lanvale Bmo.
23C. DATE SIGNED: 8/3/51

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 8/2/51
24C. NAME OF CEMETERY OR CREMATORY: MT. AUBURN CEM.
24D. LOCATION (City, town, or county) (State): BALTIMORE Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 31 1951
REGISTRAR'S SIGNATURE: Tunstington Williams, M.D.
25. FUNERAL DIRECTOR: WILLIAM A. JACKSON.
ADDRESS: 916 PENNA. AVE.

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be c[illegible]ly supplied. The correct age is esp[illegible] important. Physicians: please write the causes of death clearly and le[illegible].

1951 78099 0 6 6 8 0 9 3 d

T-520 51 6701 51 6701

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): THOMAS, Frances

2. DATE OF DEATH: 7-30-51

3. PLACE OF DEATH: A. Baltimore City, Maryland — Baltimore. Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Franklin Sq. Hospital

C. Length of stay in Baltimore: Yrs. ? Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 14-03
D. STREET ADDRESS (If rural, give location): 1929 Penna ave

5. SEX: F
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): m.
8. DATE OF BIRTH: Oct. 3 1890
9. AGE (In years last birthday): 60
If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: own Home
11. BIRTHPLACE (State or foreign country): Mobile Ala.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Alexander Mitchell
14. MOTHER'S MAIDEN NAME: Sylvia ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Alene Kelly Wittico — ADDRESS: Penna. ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 days
DUE TO

ANTECEDENT CAUSES
(B) H. C. V. D.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 29, 1951, to July 30, 1951, that I last saw the deceased alive on July 30, 1951, and that death occurred at 7 30 A m., from the causes and on the date stated above.

23A. SIGNATURE: [illegible] M. D.
23B. ADDRESS: Franklin Sq Hosp
23C. DATE SIGNED: 7-30-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-3-51
24C. NAME OF CEMETERY OR CREMATORY: U. S. National
24D. LOCATION (City, town, or county) (State):

DATE RECEIVED BY LOCAL REGISTRAR: JUL 31 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: A. Halstead — ADDRESS: 918 Druid Hill ave.

VS 150

PLEASE WRITE LEGIBLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M+ 600
51 6702

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6702

1. NAME OF DECEASED (Type or Print): Arthur Louis Meyer

2. DATE OF DEATH: 7-31-51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lutheran Hosp. of Md
C. Length of stay in Baltimore: 32 yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2122 Chelsea terrace

15-09

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Oct. 9, 1883
9. AGE (In years last birthday): 67
If Under 1 Year: Months / Days / If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): physician
10B. KIND OF BUSINESS OR INDUSTRY: Self Employed Medical
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Wm. Meyer
14. MOTHER'S MAIDEN NAME: ~~Eliz~~ —?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): ?
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Wife — ADDRESS: same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cirrhosis of the liver — INTERVAL BETWEEN ONSET AND DEATH: unknown

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-18, 1951, *to* 7-31, 1951, *that I last saw the deceased alive on* 7-31, 1951, *and that death occurred at* 2:05 *Am., from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M.D.
23B. ADDRESS: Lutheran Hospital Md
23C. DATE SIGNED: 7-31-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24B. DATE: Aug 2-51
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Baltimore

DATE RECEIVED BY LOCAL REGISTRAR: JUL 31 1951
REGISTRAR'S SIGNATURE: [signature] for Williams, M.D.
25. FUNERAL DIRECTOR: Stewart Memorial
ADDRESS: Balto.

VS 150

124b

1 95 97588 0 6 6 9 1

PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1-520

51 6703

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 6703

1. NAME OF DECEASED (Type or Print): ZINK, JOHN CASPER

2. DATE OF DEATH: 31 JUL 1951 ~~25 Aug 1880~~

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): UNION MEMORIAL HOSPITAL
C. Length of stay in Baltimore: 71 Yrs. ~~Mos.~~ ~~Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY: BALTO. CITY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 27-1
D. STREET ADDRESS (If rural, give location): 6119 BELLONA AVE

5. SEX: MALE
6. COLOR OR RACE: WH
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 25 Aug 1880
9. AGE (In years last birthday): 70
If Under 1 Year: Months: 11 Days:
If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED (?)
10B. KIND OF BUSINESS OR INDUSTRY: CARPENTER
11. BIRTHPLACE (State or foreign country): BALTIMORE, MD.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: HENRY ZINK CONJT
14. MOTHER'S MAIDEN NAME: LOTTIE RAINES

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) UNKNOWN (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO.: ?
17. INFORMANT: ROSA B. ZINK
ADDRESS: SAME

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) PNEUMONIA — INTERVAL BETWEEN ONSET AND DEATH: 3 days

DUE TO

ANTECEDENT CAUSES

(B) FRACT OF T12 & COMPRESSION of CORD c resultant paraplegia — 7 days

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

E901.0

CERTIFICATION APPROVED BY W. H. Hammer, M.D.

B S Fisher M. D.
CHIEF OR ASST. MEDICAL EXAMINER

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): ACCIDENT
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, office, street, etc.): 507 REGISTER AVE.
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 507 REGISTER AVE. 53-00
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): JULY 23, 1951 3:00 p.m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ ? NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR? ACCIDENTAL FALL FROM LADDER to ground

22. I hereby certify that I attended the deceased from 7-23, 1951, to 7-31, 1951, that I last saw the deceased alive on 7-31, 1951, and that death occurred at 4:00 A.m., from the causes and on the date stated above.

23A. SIGNATURE: John Crum M.D.
23B. ADDRESS: Union Memorial Hosp.
23C. DATE SIGNED: 7/31/51

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: [redacted] 8-4-1951
24C. NAME OF CEMETERY OR CREMATORY: GOVANS PRESBYTERIAN
24D. LOCATION (City, town, or county) (State): BALTO. MD.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 31 1951
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: H. W. JENKINS & SONS CO.
ADDRESS: 4905 YORK RD

VS-150

N-806.0 | 5F024 | 186a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

4 + 740

51 6704
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 6704
Registered No.

1. NAME OF DECEASED (Type or Print) JOHN BAPTIST MICHEL

2. DATE OF DEATH July 30, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland 4608 Cedargarden Rd
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 00
C. Length of stay in Baltimore Yrs. Mos. Days 40 years

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY 4608 Cedargarden Rd
C. CITY OR TOWN (If outside corporate limits write RURAL and give township) Baltimore 25
D. STREET ADDRESS (If rural, give location) 4608 Cedargarden Rd

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower

8. DATE OF BIRTH 10/28/1865

9. AGE (In years last birthday) 85 | If Under 1 Year Months Days | If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer

10B. KIND OF BUSINESS OR INDUSTRY Retired

11. BIRTHPLACE (State or foreign country) Bavaria-Germany

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME ~~No record~~ Andrew Michel

14. MOTHER'S MAIDEN NAME Christina Michel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. NO

17. INFORMANT Mrs. Joseph L Dougherty ADDRESS Same

MEDICAL CERTIFICATION

18. 420.1

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Occlusion

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO (B) Myocardial Failure

DUE TO (C) Arteriosclerosis

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Seen by 19 Dr. Marino 19 *, that I last saw the deceased alive on* 7-30-1951 *and that death occurred at* 12 *m., from the causes and on the date stated above.*

23A. SIGNATURE Herman J. Doy M. D.

23B. ADDRESS 3103 Garrison Blvd

23C. DATE SIGNED 7-30-51

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE Aug 2 1951

24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer

24D. LOCATION (City, town, or county) (State) Balto Md.

DATE RECEIVED BY LOCAL REGISTRAR JUL 31 1951

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR ADDRESS H. M. Jenkins & Sons Co 4905 York Rd.

VS 150

1951066 094a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A-536

51 6705

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 6705

1. NAME OF DECEASED (Type or Print): Alexander Andriewski

2. DATE OF DEATH: July 29, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland 712 S. Wolf St.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): OU
C. Length of stay in Baltimore 45 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 712 S. Wolf St.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 8, 1888
9. AGE (In years last birthday): 62 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Gibbs Packing Co
11. BIRTHPLACE (State or foreign country): Poland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: ? VEG. (M)
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Harry Fiegal — ADDRESS: 707 S. Bond St.

MEDICAL CERTIFICATION

18. 443 X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) Hypertensive Cardio Vascular — 10 days

DUE TO

(B) Left Sided Lobar Pneumonia — 10 days

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/27/51, 19__, *to* 7/29/51, 19__, *that I last saw the deceased alive on* 7/28/51, 19__, *and that death occurred at* 3:0 a. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Mr Arthur F. Kurzman M. D.
23B. ADDRESS: 1016 East Lane
23C. DATE SIGNED: 7/31/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug 1, 1951
24C. NAME OF CEMETERY OR CREMATORY: Holy Trinity Ind Russian
24D. LOCATION (City, town, or county) (State): Balto Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 31 1951
REGISTRAR'S SIGNATURE: Martin J. Williams, M.D.
25. FUNERAL DIRECTOR: Lilly & Zeiler, Inc. — ADDRESS: 403 S. Wolf St.

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

920420 0 0 6 6 0 9 4 93d

5+150

51 6706

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6706

1. NAME OF DECEASED (Type or Print): ROCCO J. SPINE

2. DATE OF DEATH: July 29. 1951

3. PLACE OF DEATH: A. Baltimore City, Maryland — Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6209 BROOK Ave

C. Length of stay in Baltimore: Yrs. Mos. Days — Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 6209. Brook ave

27 34

5. SEX: Male.

6. COLOR OR RACE: White.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Jan. 26. 1886

9. AGE (In years last birthday): 65. — If Under 1 Year: Months: Days: — If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Self-employed.

10B. KIND OF BUSINESS OR INDUSTRY: Produce dealer

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Steven SPINE.

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 218-14-6318.

17. INFORMANT: Mary S Pine — ADDRESS: 6209. Brook ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 420.0

(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days

DUE TO

ANTECEDENT CAUSES

(B) Hypertension - Arteriosclerotic Heart Disease 10 yr.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 18, 1951 *to* July 29, 1951, *that I last saw the deceased alive on* July 29, 1951, *and that death occurred at* 7:15 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE: Adam Glusis M. D.

23B. ADDRESS: 6232 Belair Rd.

23C. DATE SIGNED: July 30, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial.

24B. DATE: Aug 1. 1951.

24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer

24D. LOCATION (City, town, or county) (State): Belair Road. Md

DATE RECEIVED BY LOCAL REGISTRAR: JUL 31 1951

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: WENDELL D. Hippel — ADDRESS: 312 S. Highland ave

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2906A 0 0 0 6 6 0 5 093d

200
51 6707
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 6707

1. NAME OF DECEASED (Type or Print): BERT (Belton) DICKEY

2. DATE OF DEATH: July 27, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
Length of stay in Baltimore: Yrs. Mos. Days 38

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 640 Dover Street

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: march 1869
9. AGE (In years last birthday): 82
If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Sumter, S. C
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): ?
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Herman Dickey
ADDRESS: 640 Dover St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic Cardiovascular Disease

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection & Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: Stanley H. Dudachem M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: 7/27/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: July 31, 1951
24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 31 1951
REGISTRAR'S SIGNATURE: Winter Gen Williams, M.D.
25. FUNERAL DIRECTOR: Mrs Kate R. Williams N. Schoendorf
ADDRESS: 329

VS-151

1951 0066996d

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-625

51 6708

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 6708

1. NAME OF DECEASED (Type or Print): James. GARRISON

2. DATE OF DEATH: July 29, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore: Yrs. 38 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 939 W. Mulberry St.

18-01

5. SEX: Male
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower.
8. DATE OF BIRTH: March 11, 1866
9. AGE (In years last birthday): 85 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U. S. A
13. FATHER'S NAME: Unknown.
14. MOTHER'S MAIDEN NAME: Rosie Burke
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Sarah Myers. ADDRESS: 939 W. Mulberry St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection ~~Autopsy~~ Inquiry *thereon and from the evidence obtained by said* ~~Autopsy~~ Autopsy, Inspection or Inquiry, *find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☑, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: Stanley H. Dunlaeher M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☑ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: July 29, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: August 1, 1951
24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 31 1951
REGISTRAR'S SIGNATURE: Clinton Williams, M.D.
25. FUNERAL DIRECTOR: Mrs. Nalie B. Williams
ADDRESS: 3229 Lehondey St.

VS 151

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1951 06097d

S-539

51 6709

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6709

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Elizabeth Eliza Smith

2. DATE OF DEATH: 7-28-61

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2101 Coldspring lane
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.
D. STREET ADDRESS (If rural, give location): 307 Myrtle Ave

4-26

5. SEX: Female
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: 1887
9. AGE (In years last birthday): 64
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Bertie Robinson
ADDRESS: 6879 Carey St

MEDICAL CERTIFICATION

18. 443X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive - Cardio - Vascular Disease

DUE TO

ANTECEDENT CAUSES

(B) Arteriosclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) ~~Chronic Congestive Heart Failure~~ ~~Arteri~~

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.: Chronic Congestive Heart Failure

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 1950, *to* July 28, 1951, *that I last saw the deceased alive on* July 28, 1951, *and that death occurred at* 6:30 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Gilbert H. Bergfeld M. D.
23B. ADDRESS: 722 W. Fulton Ave
23C. DATE SIGNED: 7/31/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug. 1, 1951
24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 31 1951
REGISTRAR'S SIGNATURE: Hunter for Williams, M.D.
25. FUNERAL DIRECTOR: Wm. Kate R. Williams
ADDRESS: 3229 W. Lexington St.

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

60832

B. 634
51 6710

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 6710
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Addell Bradley.
2. DATE OF DEATH: July 29, 1957.

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1303 Myrtle Ave..
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1303 Myrtle Ave.

17-03

5. SEX: Female
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: December 6, 1892
9. AGE (In years last birthday): 65
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Westley Anthony
14. MOTHER'S MAIDEN NAME: Nettie ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Willie Mae Watson. ADDRESS: 1303 Myrtle Ave

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 331X

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage

DUE TO

ANTECEDENT CAUSES

(B) Hypertension

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Generalized Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1957, *to* July 29, 1957, *that I last saw the deceased alive on* July 28, 1957, *and that death occurred at* 2:00 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Owen H. Gates M. D.
23B. ADDRESS: 1715 Eyrea Ave
23C. DATE SIGNED: 7/31/57

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: August 2, 1957
24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn
24D. LOCATION (City, town, or county) (State): Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 31 1957
REGISTRAR'S SIGNATURE: Hunter for Williams, M.D.
25. FUNERAL DIRECTOR: Mrs. Katie R. Williams
ADDRESS: 3227 Sahrodale

VS 150

1957 200 PA 6699

083a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B 656

51 6711

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X

Registered No. 51 6711

BIRTH NO.

1. NAME OF DECEASED (Type or Print): John L. Bruner

2. DATE OF DEATH: July 31, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Frostburg 51-21
D. STREET ADDRESS (If rural, give location): 193 E. Main St

5. SEX: male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: 2-12-09
9. AGE (In years last birthday): 42
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Bruner
14. MOTHER'S MAIDEN NAME: Catherine Lurngood

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: JOHNS HOPKINS HOSPITAL
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bilateral subdural hematoma — INTERVAL BETWEEN ONSET AND DEATH: ? 2 months

DUE TO

(B) Head Injury — ? 2 months

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Possible wound infection

CERTIFICATION APPROVED BY: William L. Gaither M. D.
CHIEF OR ASST. MEDICAL EXAMINER.

19A. DATE OF OPERATION: x
19B. MAJOR FINDINGS OF OPERATION: Subdural hematoma
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 193 E. Main Street, Frostburg
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: ?
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? Bumped head in Attic own home

22. *I hereby certify that I attended the deceased from* 7/17, 1951 *to* 7/31, 1951 *that I last saw the deceased alive on* 7/31, 1951, *and that death occurred at* 12:30 A.M. *from the causes and on the date stated above.*

23A. SIGNATURE: S. Schlenth M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 7/21/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/4/51
24C. NAME OF CEMETERY OR CREMATORY: J. B. Michaels
24D. LOCATION (City, town, or county) (State): Frostburg Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 31 1951
REGISTRAR'S SIGNATURE: Curtis Jon Williams M.D.
25. FUNERAL DIRECTOR: Jacob Heaber
ADDRESS: Frostburg Md

VS 150

N-854.6 Med Ex Case #5 To be approved 7408F 195E

PLEASE WRITE HEAVILY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

J-5 6712

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6712
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Gray, Ophia

2. DATE OF DEATH: 7/29/51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Church Home & Hospital
in Md. - 46 yrs
C. Length of stay in Baltimore: 10 Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Harford
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joppa
D. STREET ADDRESS (If rural, give location):

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct 14, 1905
9. AGE (In years last birthday): 46
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joser Lucas
14. MOTHER'S MAIDEN NAME: Sapp, Bertha

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Hodges, Doris
ADDRESS: 25 Chesapeake St Aberdeen, Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

59 XX

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive C. V. Disease — INTERVAL BETWEEN ONSET AND DEATH: 14 yrs.

DUE TO

ANTECEDENT CAUSES

(B) Nephritis — 14 yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Uremia — 15 days

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Partial Blindness due to Retinal Hem — 5 wks.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/19/51, 19__, *to* 7/29/51, 19__, *that I last saw the deceased alive on* 7/29/51, 19__, *and that death occurred at* 9:20 *p.m., from the causes and on the date stated above.*

23A. SIGNATURE: [illegible] M. D.
23B. ADDRESS: Church Home & Hosp.
23C. DATE SIGNED: 7/29/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug 1, 1951
24C. NAME OF CEMETERY OR CREMATORY: Bel Air Memorial Gardens
24D. LOCATION (City, town, or county) (State): Bel Air, Harford Md

DATE RECEIVED BY LOCAL REGISTRAR: JUL 31 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Howard L. McKinney & Son
ADDRESS: Abingdon Md 131a

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-650

51 6713

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X Registered No. 51 6713

1. NAME OF DECEASED (Type or Print): CHARLES H. BROWN

2. DATE OF DEATH: July 30, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Johns Hopkins Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Westminister 56-41
D. STREET ADDRESS (If rural, give location):

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 7/11/1873
9. AGE (In years last birthday): 78 — If Under 1 Year: Months Days — If Under 24 Hours: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sexton
10B. KIND OF BUSINESS OR INDUSTRY: Church
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? ✓
13. FATHER'S NAME: John Brown
14. MOTHER'S MAIDEN NAME: Mary Noel
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): –
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 213-05-1624
17. INFORMANT: Lottie Groff Brown — ADDRESS: Westminister, M

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive Arteriosclerotic Cardio-vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: 443X

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Bronchopneumonia

DUE TO

(C)

CERTIFICATION APPROVED BY

William H. Wantz M. D.
CHIEF OR ASST. MEDICAL EXAMINER.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/30, 19 51, *to* 7/30, 19 51, *that I last saw the deceased alive on* 7/30/, 1951 *and that death occurred at* 11:25 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Elliot S. Wheeler M. D.
23B. ADDRESS: Johns Hopkins Hospital
23C. DATE SIGNED: 7/31/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug 3-51
24C. NAME OF CEMETERY OR CREMATORY: St Johns Cem.
24D. LOCATION (City, town, or county) (State): Westminster Md

DATE RECEIVED BY LOCAL REGISTRAR: JUL 31 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: H Barnhart Son
ADDRESS: Westminster Md

VS 150

1951 0006702 093d

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-262

51 6714

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6714

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Joseph Backers

2. DATE OF DEATH: 30 July 1951

3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hosp.

C. Length of stay in Baltimore: 25 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 15-01
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 725 Baker St.

5. SEX: M

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 6, 1907

9. AGE (In years last birthday): 44

If Under 1 Year: Months: Days

If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10B. KIND OF BUSINESS OR INDUSTRY: Gen. Motors Auto Body (N)

11. BIRTHPLACE (State or foreign country): Va.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Preston Backers

14. MOTHER'S MAIDEN NAME: Hattie James

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 218-01-0549

17. INFORMANT: Mary Backers ADDRESS: 725 Baker St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 445X

(A) Malignant Hypertension

~~DUE TO~~

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Uremia

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 25 July, 1951, *to* 30 July, 1951, *that I last saw the deceased alive on* 30 July 1951, *and that death occurred at* 2:30 Am., *from the causes and on the date stated above.*

23A. SIGNATURE: L. Dale Simmons M. D.

23B. ADDRESS: Mercy Hospital

23C. DATE SIGNED: 30 July '51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8-2-51

24C. NAME OF CEMETERY OR CREMATORY: Evergreen Cem.

24D. LOCATION (City, town, or county) (State): Richmond Va

DATE RECEIVED BY LOCAL REGISTRAR: JUL 31 1951

REGISTRAR'S SIGNATURE: Lucretia Williams, M.D.

25. FUNERAL DIRECTOR: Elroy O. Wilson ADDRESS: 1030 Guilford Ave

VS 150

1951 056435

1020

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE CORRECTED 8-16-51

BIRTH NO. B-150722 51 6715

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6715

1. NAME OF DECEASED (Type or Print): Ola Gainey

2. DATE OF DEATH: 7-28-51

3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.

C. Length of stay in Baltimore 6yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: X

C. CITY OR TOWN (If outside corporate limits write RURAL and give township): Baltimore 26-36

D. STREET ADDRESS (If rural, give location): 5705 Bluebird Lane zone 24

5. SEX: F

6. COLOR OR RACE: N

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 7, 1908

9. AGE (In years last birthday): 43 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Sinclair

14. MOTHER'S MAIDEN NAME: Roberta Jackson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Baltimore City Hospitals Records: ADDRESS: 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 022X

(A) Rupture, Aorta Aneurysm — INTERVAL BETWEEN ONSET AND DEATH: 2 min.

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-25- *to* 7-28- *, 1951 that I last saw the deceased alive on* 7-25-28 *, 1951 and that death occurred at* 9.10p *m., from the causes and on the date stated above.*

23A. SIGNATURE: R. S. Cogen M.D.

23B. ADDRESS: 4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED: 7-29-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8-2-51

24C. NAME OF CEMETERY OR CREMATORY: Wadesboro

24D. LOCATION (City, town, or county) (State): Wadesboro N.C.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 31 1951

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: Chas. Wilson

ADDRESS: 1000 Gentry

VS 150

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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51 6716

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Sr. M. Perpetualla Russell

2. DATE OF DEATH: July 29, 51

3. PLACE OF DEATH:
A. Baltimore City, Maryland 901 Aisquith
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Institute of Notre Dame
C. Length of stay in Baltimore 23 Jrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 901 Aisquith

10-02

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Sept. 15, 1881
9. AGE (In years last birthday): 69
If Under 1 Year: Months 10, Days 14; If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher
10B. KIND OF BUSINESS OR INDUSTRY: Religious
11. BIRTHPLACE (State or foreign country): N.Y. City
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Russell
14. MOTHER'S MAIDEN NAME: Anna Frawley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Sr. M. Stan. Kostka
ADDRESS: 901 Aisquith Street

MEDICAL CERTIFICATION

18. 154x

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Inoperable carcinoma

DUE TO

ANTECEDENT CAUSES

(B) Md rectosigmoid

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) arteriosclerosis

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION: Colostomy
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1951, *to* July 29, 1951, *that I last saw the deceased alive on* July 29, 1951, *and that death occurred at* 1 P.M. *m., from the causes and on the date stated above.*

23A. SIGNATURE: S. Shirley M. D.
23B. ADDRESS: 1108 North Ave
23C. DATE SIGNED: July 30 51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: August 1 1951
24C. NAME OF CEMETERY OR CREMATORY: Villa Maria Cemetery
24D. LOCATION (City, town, or county) (State): Notch Cliff nr Towson, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 31 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Charles S. Zeiler
ADDRESS: 901 S. Conkling St.

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): SAMUEL G SCHERER

2. DATE OF DEATH: July 30, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3600 Edgegreen Ave
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. 13-08
D. STREET ADDRESS (If rural, give location): 3600 Edgegreen Ave.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan 13, 1869
9. AGE (In years last birthday): 82
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tailor
10B. KIND OF BUSINESS OR INDUSTRY: Clothing
11. BIRTHPLACE (State or foreign country): Pa
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Raymond S Scherer
ADDRESS: 3600 Edgegreen Ave

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 420.1

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis — July 30/51

DUE TO

(B) cerebral Hemorrhage — July 30/51

DUE TO

(C) Gangrene Left Leg & foot — July 27/50

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 30 *, 19*51*, to* July 30 *, 19*51*, that I last saw the deceased alive on* July 30 *, 19*51*, and that death occurred at* 5:45 *pm., from the causes and on the date stated above.*

23A. SIGNATURE: D. E. W. Kraus M. D.
23B. ADDRESS: 1202 St Paul St
23C. DATE SIGNED: July 31/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/1/51
24C. NAME OF CEMETERY OR CREMATORY: Jacksonville
24D. LOCATION (City, town or county) (State): Jacksonville Pa.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 1 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Paul E Chenoweth Jr.
ADDRESS: 3615-17 Chestnut Ave

VS 150

PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Bertha Gertrude Holden

2. DATE OF DEATH: July 30, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): So. Balto. Hosp.
c. Length of stay in Baltimore: 25 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 24-02
D. STREET ADDRESS (If rural, give location): 624 E. Fort Ave.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan. 12, 1897
9. AGE (In years last birthday): 54 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John W. Evans
14. MOTHER'S MAIDEN NAME: Mary Evans
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Harold Black — ADDRESS: 624 E. Fort Ave.

MEDICAL CERTIFICATION

18. 420.0

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) Cerebral vascular accident (Thrombosis) — hours

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive cardiovascular disease — years

DUE TO

(C) Arteriosclerotic heart disease — years

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-29, 1951, *to* 7-30, 1951, *that I last saw the deceased alive on* 7-30, 1951, *and that death occurred at* 9.45 p m., *from the causes and on the date stated above.*

23A. SIGNATURE: Martin del Campo M. D.
23B. ADDRESS
23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug. 2, 1951
24C. NAME OF CEMETERY OR CREMATORY: Balto. National
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 1 1951
REGISTRAR'S SIGNATURE: Martin for Williams M.D.
25. FUNERAL DIRECTOR: John F. Denny, Inc. — ADDRESS: 715 Light St.

VS 150

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO. 650 51 6719

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6719

1. NAME OF DECEASED (Type or Print): ROBERT THOMAS BOURNE

2. DATE OF DEATH: July 30, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospital
C. Length of stay in Baltimore (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 13-02
D. STREET ADDRESS (If rural, give location): 2116 Brookfield ~~Road~~ Ave.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: June 4, 1930
9. AGE (In years last birthday): 21 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steelworker
10B. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Lacy Bourne
14. MOTHER'S MAIDEN NAME: Margaret Lee Cooper

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. Samuel Saltzman
ADDRESS: 2116 Brookfield Ave.

MEDICAL CERTIFICATION

18. E902.3

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Rupture of liver and spleen with ~~XXXXXX~~ intra-abdominal hemorrhage

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Rupture of right lung with intra- ~~XXXXXX~~ thoracic hemorrhage

(C) ~~Fracture of right 4th rib~~

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Building
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Ponca & Boston Streets
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): July 30, 1951 2:40 P. m.
21E. INJURY OCCURRED WHILE AT WORK [X] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR? Slipped and fell 48' to ground

22. *I certify that I took charge of the remains described above, held an* Partial Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [ ], *accident* [X], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: William C. Scott M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: July 31, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/2/51
24C. NAME OF CEMETERY OR CREMATORY: Moreland Mem. Pk
24D. LOCATION (City, town, or county) (State): Parkville, Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 1 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Pickenpr & Sons
ADDRESS: 6862 Butler, Md.

VS 151

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Newton Cullison

2. DATE OF DEATH: July 29, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1642 Cliftview Avenue
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 8-05
D. STREET ADDRESS (If rural, give location): 1642 Cliftview Avenue

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Aug. 2, 1874
9. AGE (In years last birthday): 76 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. - Gauger (Whiskey)
10B. KIND OF BUSINESS OR INDUSTRY: Internal Revenue
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wesley Cullison
14. MOTHER'S MAIDEN NAME: Armacost

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mrs. Katherine Cullison
ADDRESS: 1642 Cliftview Ave.

MEDICAL CERTIFICATION

18. 420.1

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Embolism — 5 minutes

DUE TO

ANTECEDENT CAUSES
(B) Cerebral Thrombosis, Coronary Thrombosis — 2 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C) Arteriosclerosis — 10 yrs

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.: none

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-1-1948, 19__, *to* 7-29-51, 19__, *that I last saw the deceased alive on* 7/28/51, 19__, *and that death occurred at* 9:45 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: D. H. Hermann M. D.
23B. ADDRESS: 1710 E. 23rd St.
23C. DATE SIGNED: 7-31-51

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 8/1/51
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: AUG 1 1951
REGISTRAR'S SIGNATURE: Entitled for Williams, M.D.
25. FUNERAL DIRECTOR: Wm. Cook, Inc.
ADDRESS: 1217 St. Paul Street

VS 150

1951 00 006709

094a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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51 6721

51 6721

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): SADIE EGGNATZ

2. DATE OF DEATH: JULY 31, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3221 BURLEITH AVE
C. Length of stay in Baltimore: 45 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE / 5-05
D. STREET ADDRESS (If rural, give location): 3221 BURLEITH AVE

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOW
8. DATE OF BIRTH
9. AGE (In years last birthday): 75 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WORK
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): RUSSIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOSEPH
14. MOTHER'S MAIDEN NAME: HELEN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: DR. M. EGGNATZ — ADDRESS: 3503 ELLAMONT RD.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

170X

(A) Carcinoma of the breast — INTERVAL BETWEEN ONSET AND DEATH: 5 years

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Arteriosclerotic Heart Disease

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/26/ 1951, *to* 7/31, 1951 *that I last saw the deceased alive on* 7/31, 1951, *and that death occurred at* 4:00 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: Bernard Burgin M. D.
23B. ADDRESS: 6721 Reisterstown Rd.
23C. DATE SIGNED: 8/1/51

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 8/1/1951
24C. NAME OF CEMETERY OR CREMATORY: ROSEDALE
24D. LOCATION (City, town, or county) (State): BALTO. MD

DATE RECEIVED BY LOCAL REGISTRAR: AUG 1 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Jack Lewis Inc. — ADDRESS: 2100 Eutaw Pl.

VS 150

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Aunger
6721 Reest Rd
7104433
930

B-451

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ABRAHAM BLUMBERG

2. DATE OF DEATH: 7-31-51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2449 Shirley Ave
C. Length of stay in Baltimore: Yrs. 60 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15-12
D. STREET ADDRESS (If rural, give location): 2449 Shirley Ave

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH:
9. AGE (In years last birthday): 86
If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tailor
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Poland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Not Known
14. MOTHER'S MAIDEN NAME: Bertha

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Sidney Blumberg
ADDRESS: 3302 Keyston Rd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage

DUE TO

(B) Arteriosclerosis

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-27, 1951, *to* 7-31, 1951, *that I last saw the deceased alive on* 7-31, 1951, *and that death occurred at* 9:45 *m., from the causes and on the date stated above.*

23A. SIGNATURE: Daniel J. Schwartz M. D.
23B. ADDRESS: 2320 Eutaw Place
23C. DATE SIGNED: 8/1/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/1/1951
24C. NAME OF CEMETERY OR CREMATORY: Rosedale
24D. LOCATION (City, town, or county) (State): Balto Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 1 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Jack Lewis Inc.
ADDRESS: 2100 Eutaw Pl.

VS 150

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Schenectady Pl

LA 7737
MO 6793
1811 Lucaspring Ave

51 6723 WINSLOW 51 6723

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 1524

1. NAME OF DECEASED (Type or Print): Bernice Winslow Tull

2. DATE OF DEATH: July 30, 1951

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE: Md.

B. COUNTY:

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 16-01.

D. STREET ADDRESS (If rural, give location): 728 N. Carrollton Ave.

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3-5-18

9. AGE (In years last birthday): 33

If Under 1 Year: Months: Days

If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Adalphus Tull

14. MOTHER'S MAIDEN NAME: Orsilla Spencer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: JOHNS HOPKINS HOSPITAL

ADDRESS:

MEDICAL CERTIFICATION

18. 754.6

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Rupture of aneurysm left internal carotid artery. — INTERVAL BETWEEN ONSET AND DEATH: 4½ yrs. symptoms (Congenital)

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 7/24

19B. MAJOR FINDINGS OF OPERATION: Partial occlusion of left internal carotid artery

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH: NO

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 7-17, 1951 *to* 7-30, 1951, *that I last saw the deceased alive on* 7-30, 1951, *and that death occurred at* 9:35 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Julio C. Wong M. D.

23B. ADDRESS: JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED: 7/31/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: Aug 3/51

24C. NAME OF CEMETERY OR CREMATORY: Hall's Hill Pocomoke

24D. LOCATION (City, town, or county) (State): Md

DATE RECEIVED BY LOCAL REGISTRAR: AUG 1 1951

REGISTRAR'S SIGNATURE: Christopher Williams, M.D.

25. FUNERAL DIRECTOR: Brooks Ringgold

ADDRESS: 1463 N. Carey St

0960

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): RICHARD RANDOLPH HARRISON — Richard R. Harrison

2. DATE OF DEATH: 7-31-51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lutheran Hospital
C. Length of stay in Baltimore: 7 Months (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 26-03
D. STREET ADDRESS (If rural, give location): 3212 Lake Ave #13

5. SEX: MALE
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan 15 1886
9. AGE (In years last birthday): 65 — If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): musician
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): New Jersey
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Martin Harrison
14. MOTHER'S MAIDEN NAME: Cora Randolph

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ?
17. INFORMANT: Mrs. Lillian S. Harrison — ADDRESS: 3212 Lake Avenue #13

MEDICAL CERTIFICATION

18. 163 X

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) Post Operative Shock

DUE TO

(B) Carcinoma Left Lung

DUE TO

(C) Cachexia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 7-31-51
19B. MAJOR FINDINGS OF OPERATION: Carcinoma Left Lung
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-27-51, 19__, *to* 7-31-51, 19__, *that I last saw the deceased alive on* 7-31-51, 19__, *and that death occurred at* 520P *m., from the causes and on the date stated above.*

23A. SIGNATURE: Harold L. Daly Jr. M. D.
23B. ADDRESS: Lutheran Hosp of Md
23C. DATE SIGNED: 7-31-51

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 8/3/51
24C. NAME OF CEMETERY OR CREMATORY: Baltimore Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 1 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: HENRY SANDER & SONS, INC. BALTO., 13, MD.
ADDRESS: Henry J. Sander

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): RICHARD WILLIAM ARNOLD, JR.

2. DATE OF DEATH: July 31, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 187 E. Gittings Avenue
C. Length of stay in Baltimore (Yrs. Mos. Days): Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 24-03
D. STREET ADDRESS (If rural, give location): 187 E. Gittings Avenue 27-12

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 23, 1892
9. AGE (In years last birthday): 58 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Insurance
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Richard Wm. Arnold, Sr.
14. MOTHER'S MAIDEN NAME: Margaret Frank

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): yes — (If yes, give war or dates of service): WW1
16. SOCIAL SECURITY NO.: 216-05-8515
17. INFORMANT: 187 Gittings Avenue 12 Mrs. Mildred Arnold

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) CARONARY THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: 2 HOURS
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): 0
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* FEBUARY 5, 1942 *to* JULY 31, 1951, *that I last saw the deceased alive on* JULY 31, 1951, *and that death occurred at* 2.30A *m., from the causes and on the date stated above.*

23A. SIGNATURE: Arthur J. Danes M. D.
23B. ADDRESS: 800 W 33rd St
23C. DATE SIGNED: 7-31-51

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 8/2/51
24C. NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 1 1951
REGISTRAR'S SIGNATURE: Christopher Williams, M.D.
25. FUNERAL DIRECTOR: HENRY SANDER & SONS, INC
ADDRESS: BALTIMORE -13, Md. Henry T. Sander

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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51 6726

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Reckert Fanny (FANNIE RECKERT)

2. DATE OF DEATH: 7.31.1957.

3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Frankein Square Hosp.

C. Length of stay in Baltimore (Yrs. Mos. Days): 60 yrs

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md.

B. COUNTY: Perry Hall

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Perry Hall

D. STREET ADDRESS (If rural, give location): Perry Hall, Fullerton

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 4.18.1878

9. AGE (In years last birthday): 73

If Under 1 Year: Months: Days

If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): House wife

10B. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Harrisburg, Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Millhauser

14. MOTHER'S MAIDEN NAME: Rachel Paffenheimer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mr. Maynard Reckert

ADDRESS: Perry Hall, Fullerton, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardits chr. 162X and 260X

DUE TO

(B) Diabetes Mellitus

DUE TO

(C) Bronchogenic Ca

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Monchopneumonia

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7.26, 1957, *to* 7.31, 1957, *that I last saw the deceased alive on* 7.31, 1957, *and that death occurred at* 1:50 *m., from the causes and on the date stated above.*

23A. SIGNATURE: M.D. (W. Barbour)

23B. ADDRESS: Frankein Square Hosp.

23C. DATE SIGNED: 7.31.57

24A. BURIAL, CREMATION, REMOVAL (Specify): burial

24B. DATE: 8/2/51

24C. NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 1 1951

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: HENRY SANDER & SONS, INC. BALTO., 13, MD.

ADDRESS: Geary F. Sander

VS 150

0472

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

316 51 6727

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6727

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MARY HELEN STEEVER

2. DATE OF DEATH: July 30, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3220 Elmora Avenue
C. Length of stay in Baltimore: 75 years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 8-01
D. STREET ADDRESS (If rural, give location): 3220 Elmora Avenue

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widow
8. DATE OF BIRTH: Dec. 13, 1872
9. AGE (In years last birthday): 78 — If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Annapolis, Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Martin Stein
14. MOTHER'S MAIDEN NAME: Catherine Stuart
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mr. Elwood Rau ADDRESS: 3220 Elmora Avenue

MEDICAL CERTIFICATION

18. 443 X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage — 1 wk.
DUE TO
(B) Hypertensive cardiovascular disease — yrs.
DUE TO
(C) (aneurysm of abdominal aorta)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 7, 1951, *to* July 30, 1951, *that I last saw the deceased alive on* July 29, 1951, *and that death occurred at* 12:30 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: George S. Lippy M. D.
23B. ADDRESS: 426 S. Patterson Park Av
23C. DATE SIGNED: 7/30/51

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 8/1/51
24C. NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 1 1951
REGISTRAR'S SIGNATURE: Eutington Williams M.D.
25. FUNERAL DIRECTOR: HENRY SANDER & SONS, INC. ADDRESS: BALTO., 13, MD. Henry Sander

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BIRTH NO. 624

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): CHARLES C. PRECHTEL

2. DATE OF DEATH: July 29, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland 5212 Craig Ave
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 5212 Craig Ave. 27-10

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 12, 1885
9. AGE (In years last birthday): 66
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Paper salesman
10B. KIND OF BUSINESS OR INDUSTRY: Paper
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Prechtel (W)
14. MOTHER'S MAIDEN NAME: Helena Wittekindt

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 218-10-5898
17. INFORMANT: Mrs. Evelyn Sullivan ADDRESS: 5212 Craig Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 7 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Generalized Arteriosclerosis,

DUE TO

(C) Cerebral Arteriosclerosis with Cerebral Thrombosis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 1951, *to* July 29, 1951, *that I last saw the deceased alive on* July 21, 1951 *and that death occurred at* 4:30 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: Wm. H. Kammer Jr. M. D.
23B. ADDRESS: 501 Sheridan Ave.
23C. DATE SIGNED: July 29, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug. 1, 1951
24C. NAME OF CEMETERY OR CREMATORY: Parkwood
24D. LOCATION (City, town, or county) (State): Parkville, Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 1 1951
REGISTRAR'S SIGNATURE: Lurington Williams, M.D.
25. FUNERAL DIRECTOR: Ullrich Funeral Home ADDRESS: 2008 Orleans St.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): GAREIS, ROSE

2. DATE OF DEATH: 7-31-51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University of Maryland
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-02
D. STREET ADDRESS (If rural, give location): 4511 Mansfield Ave. #14

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: OCT 31, 1880
9. AGE (In years last birthday): 70
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AT HOME
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): GERMANY
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: ANDREW BIEMILLER
14. MOTHER'S MAIDEN NAME: ROSINA SCHIPFLER
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: DR LOUIS G. GAREIS — ADDRESS: 1651 NORTHWICK RD

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Adenoma of rectum 211 X and 260 X

DUE TO

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Diabetes

DUE TO

(C) Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 7-23-51
19B. MAJOR FINDINGS OF OPERATION: Adenoma of rectum
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-11-51, 19__, *to* 7-31, 1951 *that I last saw the deceased alive on* 7-31, 1951, *and that death occurred at* 9:30 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE: John White, M. D.
23B. ADDRESS: University Hosp.
23C. DATE SIGNED: 7-31-51

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: AUG 3, 1951
24C. NAME OF CEMETERY OR CREMATORY: PARKWOOD
24D. LOCATION (City, town, or county) (State): PARKVILLE MD

DATE RECEIVED BY LOCAL REGISTRAR: AUG 1 1951
REGISTRAR'S SIGNATURE: Lutington Williams, M.D.
25. FUNERAL DIRECTOR: ULLRICH FUNERAL HOME — ADDRESS: 2008 ORLEANS

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MARSTON KREBS

2. DATE OF DEATH: July 30, 1951

3. PLACE OF DEATH: A. Baltimore City, Maryland — Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lutheran Hosp. of Maryland

C. Length of stay in Baltimore: Yrs. Mos. Days — life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE — B. COUNTY: 1415 Lindon Ave #17
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore, Maryland
D. STREET ADDRESS (If rural, give location): 14-01

5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 3-16-78
9. AGE (In years last birthday): 73 — If Under 1 Year: Months Days — If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10B. KIND OF BUSINESS OR INDUSTRY: Md. Drydock Co.
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Emory Krebs
14. MOTHER'S MAIDEN NAME: Rachael M. L. Mead

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. Alfred T. Gundry, Jr. — ADDRESS: 2 S. Wickham Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hemoptysis — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

(B) Cancer of lung, RT.

DUE TO

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

163X

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 4, 1951, *to* July 30, 1951, *that I last saw the deceased alive on* July 30, 1951, *and that death occurred at* 4:15 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Lincoln T. Rutt M. D.
23B. ADDRESS: Lutheran Hosp.
23C. DATE SIGNED: 7-30-51

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 8-1-51
24C. NAME OF CEMETERY OR CREMATORY: Woodlawn
24D. LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 1 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: John O. Mitchell & Sons, Inc. — ADDRESS: 1900 Eutaw Plac
M B Mitchell

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Rosa Dubel

2. DATE OF DEATH: August 1, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maryland General Hospital
C. Length of stay in Baltimore (Yrs. Mos. Days): Life.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 9-03
D. STREET ADDRESS (If rural, give location): 800 Melville Ave. #16

5. SEX: F
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single.
8. DATE OF BIRTH: Sept. 26, 1871.
9. AGE (In years last birthday): 79.
If Under 1 Year: Months: Days:
If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Schoolteacher, retired
10B. KIND OF BUSINESS OR INDUSTRY: Baltimore City Public Schools
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Capt. James A. Dubel
14. MOTHER'S MAIDEN NAME: Rosina Wittman
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: A. Brown Dubel
ADDRESS: 909 N. Howard St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Bladder.

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Generalized Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 24, 1951, *to* Aug. 1, 1951, *that I last saw the deceased alive on* Aug. 1, 1951, *and that death occurred at* 7:00 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: [illegible] M. D.
23B. ADDRESS: Md. General Hospital
23C. DATE SIGNED: Aug. 1, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 8 - 3 - 51
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: AUG 1 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: John O. Mitchell & Sons, Inc.
ADDRESS: 1900 Eutaw Pl.
M B Mitchell

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PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BIRTH NO. H-616

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): LAWRENCE EDGAR HARPER

2. DATE OF DEATH: 7-30-51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital
C. Length of stay in Baltimore: life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore,
D. STREET ADDRESS (If rural, give location): 2920 Bauernwood Avenue - 14 27-07

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 3-1-1900
9. AGE (In years last birthday): 51
If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Storm Window Installer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Frank Harper
14. MOTHER'S MAIDEN NAME: Ida F. Wilhelm

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 216-01-1808
17. INFORMANT: Hedwig W. Harper ADDRESS: 2920 Bauernwood Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral hemorrhage 443X
DUE TO
(B) Hypertensive Cardio Vascular Disease
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-27-, 1951 *to* 7-30-, 1951, *that I last saw the deceased alive on* 7-30-, 1951 *and that death occurred at* 11:15 pm *from the causes and on the date stated above.*

23A. SIGNATURE: C. Paul Coffay Jr. M. D.
23B. ADDRESS: 1400 N. Caroline Street -13
23C. DATE SIGNED: 7-30-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24B. DATE: Aug. 2, 1951
24C. NAME OF CEMETERY OR CREMATORY: Green Mount
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: AUG 1 1951
REGISTRAR'S SIGNATURE: Winston Williams, M.D.
25. FUNERAL DIRECTOR: Burgee Funeral Home ADDRESS: 3631 Falls Road

VS 150

51 09024 Horace F. Burgee 093d

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. X

BIRTH NO. P-412

1. NAME OF DECEASED (Type or Print): BYRON ELWARD PHELPS

2. DATE OF DEATH: July 31, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South Baltimore General Hospital
C. Length of stay in Baltimore (Yrs. Mos. Days):

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Anne Arundel
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Odenton
D. STREET ADDRESS (If rural, give location): Waugh Chapel Road

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: March 20, 1951
9. AGE (In years last birthday): 60 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fireman (retired)
10B. KIND OF BUSINESS OR INDUSTRY: Ft. Meade
11. BIRTHPLACE (State or foreign country): Anne Arundel County Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Walter W. Phelps
14. MOTHER'S MAIDEN NAME: Achsah Watts
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No — (If yes, give war or dates of service): ----------
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT: Mrs. Elmer Butler — ADDRESS: Odenton, Md.

MEDICAL CERTIFICATION

18. E 812.4

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Fracture of pelvis

~~(B)~~ Intra- and retroperitoneal hemorrhage

ANTECEDENT CAUSES

(B) Fractures of ribs and right and left tibiae

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

~~(C)~~ Cirrhosis of the liver

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Road
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Route 170, Anne Arundel Co.
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): July 31, 1951 1:00 A. m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR? Pedestrian struck by auto

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [ ], *accident* [X], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: William Yoerth M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: July 31, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug. 3, 1951
24C. NAME OF CEMETERY OR CREMATORY: Bethel Cemetery
24D. LOCATION (City, town, or county) (State): Ft. Meade, A.A.Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 1 1951
REGISTRAR'S SIGNATURE: Clinton Williams, M.D.
25. FUNERAL DIRECTOR: Thomas W. Singleton — ADDRESS: Glen Burnie, Md.

VS 151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ANNETTE ANDERSON

2. DATE OF DEATH: July 31, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Johns Hopkins Hospital
C. Length of stay in Baltimore: 45 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 218 Ridgewood Road 27-14

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 6/17/04
9. AGE (In years last birthday): 47 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Walter Hopkins
14. MOTHER'S MAIDEN NAME: Carrie Matthews

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Johns Hopkins Hospital — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

519.1

(A) Bilateral pleural effusion

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Ascites

(C) Terminal aspiration of vomitus

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy by hospital (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: William S. Lovett M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: August 16, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-2-51
24C. NAME OF CEMETERY OR CREMATORY: Druid Ridge
24D. LOCATION (City, town, or county) (State): Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR: 8-1-51
REGISTRAR'S SIGNATURE: Curtis Williams, M.D.
25. FUNERAL DIRECTOR: John O. Mitchell & Sons, Inc. — ADDRESS: 1900 Eutaw Pl.

VS 151

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1101B

51 6735

BIRTH NO. H-550

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6735

Registered No.

1. NAME OF DECEASED (Type or Print): MRS. BERTHA C. HAMMAN

2. DATE OF DEATH: 7/30/51

3. PLACE OF DEATH:
A. Baltimore City, Maryland ✓
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MERCY HOSP.
C. Length of stay in Baltimore: LIFE (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY: NONE
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTO MD.
D. STREET ADDRESS (If rural, give location): 3333 N. Charles St. 1100 W

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Wid.
8. DATE OF BIRTH: Unknown.
9. AGE (In years last birthday): 77
If Under 1 Year: Months / Days; If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Herman Buschman.
14. MOTHER'S MAIDEN NAME: Kramer, Margaret.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ?
17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Broncho-pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Carcinoma of Kidney. — 1 yr.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. none

19A. DATE OF OPERATION: none
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH: none
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 1, 1951, *to* July 30, 1951, *that I last saw the deceased alive on* July 30, 1951, *and that death occurred at* 4:40 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: J. R. Perilla M. D.
23B. ADDRESS:
23C. DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/2/51
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 1 1951
REGISTRAR'S SIGNATURE: Kathryn Williams, M.D.
25. FUNERAL DIRECTOR: W. W. Mears and Son
ADDRESS: 805 N. Calvert St.

VS 150

PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

6724052a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 6736

BIRTH NO. M-428

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 6736
Registered No.

1. NAME OF DECEASED (Type or Print): Paul Boyd Mules
2. DATE OF DEATH: 8-1-51
3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital
C. Length of stay in Baltimore: 58 yrs (Yrs. Mos. Days)
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN: Baltimore (If outside corporate limits, write RURAL and give township)
D. STREET ADDRESS (If rural, give location): 305 Southway Rd.
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 6-26-1892
9. AGE (In years last birthday): 59
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Attorney
10B. KIND OF BUSINESS OR INDUSTRY: Law
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: Walter H. Mules
14. MOTHER'S MAIDEN NAME: Della Anders
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): yes (If yes, give war or dates of service): World War No. 1
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Jane J. Mules ADDRESS: 305 Southway

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

(B) Idiopathic Thrombophlebitis ~~Phleb~~

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): —
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from June 23, 1951, to Aug. 1, 1951, that I last saw the deceased alive on July 31, 1951, and that death occurred at 6:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE: William A. Anderson M. D.
23B. ADDRESS: Union Memorial Hosp.
23C. DATE SIGNED: Aug. 6 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/3/51
24C. NAME OF CEMETERY OR CREMATORY: Woodlawn Cem.
24D. LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 7 1951
REGISTRAR'S SIGNATURE: Chatterton Williams, M.D.
25. FUNERAL DIRECTOR: William J. Tichner & Sons ADDRESS: Balto., Md.

VS 150

1 5 055 84 6 7 2 5 083a

51 6737

BIRTH NO. H-232

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6737

Registered No.

1. NAME OF DECEASED (Type or Print): MRS. BARBARA HEJDUK

2. DATE OF DEATH: 7/31/51

3. PLACE OF DEATH:
A. Baltimore City, Maryland 821 N. ROSE ST.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY
821 N. Rose St
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 821 N. Rose St

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 16, 1880
9. AGE (In years last birthday): 71 — If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife at home
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Czec
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Frank Zoubek
14. MOTHER'S MAIDEN NAME: Anna Hodek

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Alois Hejduk — ADDRESS: 821 N. Rose St

MEDICAL CERTIFICATION

18. 443 X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) C.V. Hypertensive disease ?

DUE TO arteriosclerosis - generalized ?

(B) arthritis - Hypertrophic - generalized

DUE TO Bilateral ulcerative phlebitis - ?

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/31, 1949, *to* 7/31, 1951, *that I last saw the deceased alive on* 7/31, 1951, *and that death occurred at* 5:30 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Louis F. Klimes M. D.
23B. ADDRESS: 2623 E. Monument St
23C. DATE SIGNED: 8/1/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug 3, 1951
24C. NAME OF CEMETERY OR CREMATORY: Oak Hill
24D. LOCATION (City, town, or county) (State): Horner's Lane

DATE RECEIVED BY LOCAL REGISTRAR: AUG 1 1951
REGISTRAR'S SIGNATURE: Thurlow Williams, M.D.
25. FUNERAL DIRECTOR: Shimunek Funeral Home — ADDRESS: 2601-03-05 E. Madison St.

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

6702 D

51 6738 51-17381

BIRTH NO. H-235

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6738

Registered No.

1. NAME OF DECEASED (Type or Print): Baby Boy Hastings

2. DATE OF DEATH: July 31, 1951

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md.

B. COUNTY:

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore

D. STREET ADDRESS (If rural, give location): 411 N. Castle St. 6-04

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 7-31-51

9. AGE (In years last birthday): If Under 1 Year: Months / Days; If Under 24 Hours: Hours 1, Min. 15

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Harold Hastings

14. MOTHER'S MAIDEN NAME: Anna Patricia Isleson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT: JOHNS HOPKINS HOSPITAL ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) ~~Anoxia~~ Anoxia

DUE TO

(B) Incomplete breech Extraction

DUE TO

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Prematurity

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 31 *1951, to* July 31, *1951, that I last saw the deceased alive on* July 31, *1951, and that death occurred at* 9:40 *p.m., from the causes and on the date stated above.*

23A. SIGNATURE: Ernest F. Latham M. D.

23B. ADDRESS: JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8/1/51

24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer

24D. LOCATION (City, town, or county) (State): Belair Road

DATE RECEIVED BY LOCAL REGISTRAR: AUG 1 1951

REGISTRAR'S SIGNATURE: [illegible]

25. FUNERAL DIRECTOR: Schimunek Funeral Home

ADDRESS: 2601-03-05 E. Madison Street

VS 150

159

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 6739

BIRTH NO. A-431

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6739

Registered No.

1. NAME OF DECEASED (Type or Print): EDGAR ALTHOFF

2. DATE OF DEATH: July 31, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 822 W. Fayette Street 18-01

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, ~~MARRIED~~, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Feb 7th
9. AGE (In years last birthday): 56 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: August Althoff
14. MOTHER'S MAIDEN NAME: Maggie Pausch

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Milton Althoff — ADDRESS: 1930 Orleans St

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. E903.0 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Skull fracture — INTERVAL BETWEEN ONSET AND DEATH

~~INDEX~~

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Extradural and subdural hemorrhage

~~INDEX~~

(C) Contusion of brain

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 822 W. Fayette Street 18/1
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): July 31, 1951 A. m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR? Slipped and fell, hitting head against brick wall

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [ ], *accident* [X], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: William Wood M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: July 31, 1951

24A. BURIAL, ~~CREMATION, REMOVAL~~ (Specify): Burial
24B. DATE: Aug 3rd 1951
24C. NAME OF CEMETERY OR CREMATORY: Balto National
24D. LOCATION (City, town, or county) (State): Frederick Road

DATE RECEIVED BY LOCAL REGISTRAR: AUG 1 1951
REGISTRAR'S SIGNATURE: Lester Williams, M.D.
25. FUNERAL DIRECTOR: Leo G. Leach — ADDRESS: 1703 N. Patterson Park Ave

V S 151

N-803.2

1 9 59 D 099 0 6 7 2 0

186a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-200

51 6740

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 51 6740

1. NAME OF DECEASED (Type or Print): J. HARRY BECK

2. DATE OF DEATH: 7-30-51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MERCY HOSP.
C. Length of stay in Baltimore (Yrs. Mos. Days): LIFE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 20-01
D. STREET ADDRESS (If rural, give location): 1920 W. Lexington St.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb. 10, 1873
9. AGE (in years last birthday): 78 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired - Bookkeeper
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John M. Beck
14. MOTHER'S MAIDEN NAME: Annie Lindeman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): ?
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 216-10-1565
17. INFORMANT: Hospital Records — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 3 days.

DUE TO

(B) Arteriosclerotic C.V.D.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-30, 1951, *to* 7-30, 1951, *that I last saw the deceased alive on* 7-30, 1951, *and that death occurred at* 5:48 P.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Wm. H. H. Shea M. D.
23B. ADDRESS: Mercy Hosp.
23C. DATE SIGNED: 7-30-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug. 2/51
24C. NAME OF CEMETERY OR CREMATORY: Greenmount
24D. LOCATION (City, town, or county) (State): Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 1 1951
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: F. B. Weyforth & Son
ADDRESS: 672 Nat'l Eutaw Rd.

VS 150

1951 00093d

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 6741

BIRTH NO. C-200

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6741

Registered No.

1. NAME OF DECEASED (Type or Print): JAMES O. COOK

2. DATE OF DEATH: 7/30/51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): PROVIDENT HOSPITAL
C. Length of stay in Baltimore: 10 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 1322 W. LANVALE ST

16-02

5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 7/2/1911
9. AGE (In years last birthday): 40yrs
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BARBER
10B. KIND OF BUSINESS OR INDUSTRY: HAIR CUTTING
11. BIRTHPLACE (State or foreign country): LAWRENCE COUNTY, S.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN COOK
14. MOTHER'S MAIDEN NAME: NANNIE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO
(If yes, give wer or dates of service): NO
16. SOCIAL SECURITY NO.:
17. INFORMANT: MARY E. COOK (W) ADDRESS: 1322 W. LANVALE ST

MEDICAL CERTIFICATION

18. 590X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Nephritis - Uremia

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 27, 1951, *to* July 30, 1951, *that I last saw the deceased alive on* July 30, 1951, *and that death occurred at* 2:10 *m., from the causes and on the date stated above.*

23A. SIGNATURE: Gilbert L. Bayliss M. D.
23B. ADDRESS: 722 N. Fulton Ave
23C. DATE SIGNED: 8-1-51

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 8/5/51
24C. NAME OF CEMETERY OR CREMATORY: DURBIN CEM.
24D. LOCATION (City, town, or county) (State): LAWRENCE COUNTY S.C.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 1 1951
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: CHARLES G. COOPER
ADDRESS: 512 CARROLLTON AV

VS 150

7488 - Charles G. Cooper 130.0

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 6742

51 6742

BIRTH NO. N-260

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): George Neujahr

2. DATE OF DEATH: July 31, 1951

3. PLACE OF DEATH
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Agnes Caton & Wilkens Ave.
C. Length of stay in Baltimore: 50 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: BALTO.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Baltimore~~ Catonsville
D. STREET ADDRESS (If rural, give location): 126 N. Symington Ave. 53-00

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): ~~Married~~ Widowed
8. DATE OF BIRTH: Dec. 16, 1900 ~~50 yrs.~~
9. AGE (In years last birthday): 50 yrs
If Under 1 Year: Months | Days | If Under 24 Hours: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10B. KIND OF BUSINESS OR INDUSTRY: Con. Gas & Elec. Co.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Franz Neujahr
14. MOTHER'S MAIDEN NAME: Amelia Tittlekow

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 212-05-3774
17. INFORMANT: Miss Minnie Neujahr (Sister) ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Myocardial Infarction

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Coronary Sclerosis

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/28, 1951, *to* 7/31, 1951, *that I last saw the deceased alive on* 7/31, 1951, *and that death occurred at* 11:30 Am., *from the causes and on the date stated above.*

23A. SIGNATURE: John C. O'Leary M. D.
23B. ADDRESS: St. Agnes Hosp
23C. DATE SIGNED: 7/31/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug. 2/51
24C. NAME OF CEMETERY OR CREMATORY: Lorraine Pk.
24D. LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 1 1951
REGISTRAR'S SIGNATURE: Lurington Williams, M.D.
25. FUNERAL DIRECTOR: Henry N. Nitz
ADDRESS: 4101 Edmondson Ave.

VS 150

3905E 094a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 6743 51 6743

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. K-524

1. NAME OF DECEASED (Type or Print): George M. Knachel

2. DATE OF DEATH: July 31, 1951

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maryland General Hospital

C. Length of stay in Baltimore: Life. Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore. 28-04
D. STREET ADDRESS (If rural, give location): 4600 Lawn Park Road. 28-4

5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married.
8. DATE OF BIRTH: June 10, 1896
9. AGE (In years last birthday): 55
If Under 1 Year: Months | Days | If Under 24 Hours: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist.
10B. KIND OF BUSINESS OR INDUSTRY: Crown Cork & Seal
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Knachel
14. MOTHER'S MAIDEN NAME: Lillie Strassleen.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): ~~Unknown~~ No World W.1, Navy
16. SOCIAL SECURITY NO.: 216 12 1787
17. INFORMANT: Edna Knachel ADDRESS: Same.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

(B) Cardiac Decompensation

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Hypertensive Cardio Vascular Renal Disease

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 15, 1951, to July 31, 1951, that I last saw the deceased alive on July 31, 1951, and that death occurred at 6:55 p. m., from the causes and on the date stated above.

23A. SIGNATURE: Lobuele Bakhair M. D.
23B. ADDRESS: Maryland General Hospital
23C. DATE SIGNED: July 31, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug. 3/51
24C. NAME OF CEMETERY OR CREMATORY: St. John's Cemetery
24D. LOCATION (City, town, or county) (State): Deal's Island, Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 1 1951
REGISTRAR'S SIGNATURE: Cuthrington Williams, M.D.
25. FUNERAL DIRECTOR: Henry H. Leitzke
ADDRESS: 4101 Edmondson Ave.

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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165 51 6744

51 6744

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): John Liverman

2. DATE OF DEATH: 7/12/51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South Baltimore General
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Catonsville #28 53-00
D. STREET ADDRESS (If rural, give location): Spring Grove Hospital

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH
9. AGE (In years last birthday): 38 — If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Kitchen Helper
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Rest.
14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary occlusion & myocardial infarctus
DUE TO
(B) Hypertensive C-V-D
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. —

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH —
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) —
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. —
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 9 pm 7-22-1951, 19__, to 10 pm 7-22-1951, 19__, that I last saw the deceased alive on 10 pm 7-12-1951 and that death occurred at 10 pm m., from the causes and on the date stated above.

23A. SIGNATURE: Yung-Ts'ing Wong M. D.
23B. ADDRESS: South Baltimore General Hospital
23C. DATE SIGNED: 7-12-1951

24A. BURIAL, CREMATION, REMOVAL (Specify)
24B. DATE
24C. NAME OF CEMETERY OR CREMATORY
24D. LOCATION (City, town, or county) (State)

UNIVERSITY MEDICAL SCHOOL JUL 31 1951

DATE RECEIVED BY LOCAL REGISTRAR: AUG 1 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR
ADDRESS

Commissioner of Health

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be c[illegible]y supplied. The correct age is especi[illegible] important. Physicians: please write the causes of death clearly and le[illegible].

796 6M 0 6 7 3 0 8 3 d

S-400 51 6745

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6745

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mary A. Schley

2. DATE OF DEATH: July 31, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1902 E. Lanvale St.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 8-06
D. STREET ADDRESS (If rural, give location): 1902 E. Lanvale Street

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Dec. 23, 1874
9. AGE (In years last birthday): 76 — If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Gregory Stenger
14. MOTHER'S MAIDEN NAME: Dorothy ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. Louis A. Schley, ADDRESS: 1902 E. Lanvale

MEDICAL CERTIFICATION

18. 443 X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial insufficiency

DUE TO

(B) Arteriosclerosis, hypertension

DUE TO

(C) Myocarditis - Pernicious anaemia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: July 13, 1951
19B. MAJOR FINDINGS OF OPERATION: Bleeding hemorrhoidal vessels
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 2, 1951, *to* July 31, 1951, *that I last saw the deceased alive on* July 31, 1951, *and that death occurred at* 1:15 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: John A. Schmuck M. D.
23B. ADDRESS: 1337 S. Charles St.
23C. DATE SIGNED: 8/1/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-3-51
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: AUG 1 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Leonard J. Ruck, ADDRESS: 5305 Harford Road.

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 9 5 1 0 0 0 6 7 3 4 0 9 3 d

S-142

BIRTH NO. 51 6746

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6746

1. NAME OF DECEASED (Type or Print): WALTER J. SABLOWSKI

2. DATE OF DEATH: July 30, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 2201
D. STREET ADDRESS (If rural, give location): 832 William St.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED
8. DATE OF BIRTH: 1/12/1920
9. AGE (In years last birthday): 31 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Helper
10B. KIND OF BUSINESS OR INDUSTRY: Shop
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: John Sablowski
14. MOTHER'S MAIDEN NAME: Jennie Sablowski

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 219-07-1808
17. INFORMANT: Casimer Sablowski
ADDRESS: 1B First Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Gunshot wound of chest with hemorrhage into left thorax

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Street
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Ramsay & Clifford Streets
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): July 30, 1951 8:00 P. m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR?: Firearms

22. *I certify that I took charge of the remains described above, held an* Partial Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [ ], *accident* [ ], *suicide* [ ], *homicide* [X], *undetermined* [ ].

23A. SIGNATURE: William Wharff M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: July 31, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/2/51
24C. NAME OF CEMETERY OR CREMATORY: Holy Rosary Cem.
24D. LOCATION (City, town, or county) (State): Dundalk Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 2 - 1951
REGISTRAR'S SIGNATURE: Curtis Williams, M.D.
25. FUNERAL DIRECTOR: Charles F. Dill
ADDRESS:

VS 151

N-8624 685 894 6 166.0

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

P1-14

235
51 6747

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6747

1. NAME OF DECEASED (Type or Print): Arnezia Austin

2. DATE OF DEATH: 7/31/51

3. PLACE OF DEATH:
A. Baltimore City, Maryland Baltimore, City
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2035 East Hoffman Street
c. Length of stay in Baltimore 11 Yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore, City 8-07
D. STREET ADDRESS (If rural, give location): 2035 East Hoffman Street

5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: 12/17/1887
9. AGE (In years last birthday): 63
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jim Shine
14. MOTHER'S MAIDEN NAME: Emma Austin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Jack Worthan
ADDRESS: 2035 E. Hoffman Street

MEDICAL CERTIFICATION

18. 002 X

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary Tuberculosis

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 10 mo

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 1, 1957, to July 31, 1957, that I last saw the deceased alive on July 30 1957 and that death occurred at 2 P m., from the causes and on the date stated above.

23A. SIGNATURE: Louis C. Johnson M. D.
23B. ADDRESS: 2329 Guilford Avenue
23C. DATE SIGNED: Aug 1-1957

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/4/51
24C. NAME OF CEMETERY OR CREMATORY: Mt Calvary Ct
24D. LOCATION (City, town, or county) (State): A. A. Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 2 - 1951
REGISTRAR'S SIGNATURE: Walter for Williams, M.D.
25. FUNERAL DIRECTOR: L. L. Brown & Son
ADDRESS: 1082 Montgomery St

VS 150

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 0 0 6 7 3 6
013

J-520

BLM-150725

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6748

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Zeke James

2. DATE OF DEATH: 7/30/51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Avenue
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 119 N. Exeter Street

5-01

5. SEX: male
6. COLOR OR RACE: negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): ? ?
8. DATE OF BIRTH: ?
9. AGE (In years last birthday): 38? If Under 1 Year: Months / Days / Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CAR WASHER
10B. KIND OF BUSINESS OR INDUSTRY: Public GARAGE
11. BIRTHPLACE (State or foreign country): ? ? Penn.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: ? ?
14. MOTHER'S MAIDEN NAME: ? ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Yes (If yes, give war or dates of service): W.W. I
16. SOCIAL SECURITY NO.: ?
17. INFORMANT: Records: B.C.H. 4940 Eastern Avenue — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

331X

(A) Uremia — Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 4 ~~6~~ days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Nephosderosis — ~~6 weeks~~

DUE TO

(C) Hypertension — ~~1 year~~

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes mellitus — 6 years
~~Decompensation~~
~~Hypertensive cardio-vascular disease~~ — ~~1 year~~

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-25, 1951, *to* 7-30, 1951, *that I last saw the deceased alive on* 7-30, 1951, *and that death occurred at* 6:15AM *m., from the causes and on the date stated above.*

23A. SIGNATURE: G. S. Rogers M. D.
23B. ADDRESS: 4940 Eastern Avenue
23C. DATE SIGNED: 8/1/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/2/51
24C. NAME OF CEMETERY OR CREMATORY: Baltimore National
24D. LOCATION (City, town, or county) (State): Baltimore, Md

DATE RECEIVED BY LOCAL REGISTRAR: AUG 2 - 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Charles L. Law — ADDRESS: 802 Madison Ave

VS 150

950183 0 6 7 5 7 61

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

See Document File 51-6748
8/10/51
ES

D-500
51 6749

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6749

BIRTH NO.

1. NAME OF DECEASED (Type or Print): PAULINE B DUNAWAY

2. DATE OF DEATH: August 1, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore: 45 Yrs. ~~Mos.~~ ~~Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2002
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2517 W. Fayette Street

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOW
8. DATE OF BIRTH: 8-8-1890
9. AGE (In years last birthday): 60
If Under 1 Year: Months 11 Days 24 Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): NEW YORK CITY
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: GEO OLROG
14. MOTHER'S MAIDEN NAME: NOT KNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: ADAM DUNAWAY ADDRESS 2517 W FAYETTE St

MEDICAL CERTIFICATION

18. E816.4

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Subdural hematoma
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Street
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Old Annapolis Rd. & Daisy Road
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): July 15, 1951 7:00 P.m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR? Passenger - Auto collision 52.00

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE: Stanley H. Dunlaban M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: August 2, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 8/4/51
24C. NAME OF CEMETERY ~~OR CREMATORY~~: MEADOWRIDGE
24D. LOCATION (City, town, or county) (State): WASHINGTON

DATE RECEIVED BY LOCAL REGISTRAR: AUG 2 - 1951
REGISTRAR'S SIGNATURE: Minnie Lou Williams, M.D.
25. FUNERAL DIRECTOR: GEO H LEIMBACH ADDRESS 52 N. LYNDHURST ST

VS 151

N-854.1 1 9 5 1 0 0 6 7 3 0 1 7 0 C

PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-263
51 6750

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X Registered No. 51 6750

1. NAME OF DECEASED (Type or Print): GLORIA CASSARD

2. DATE OF DEATH: 8-1-51

3. PLACE OF DEATH:
A. Baltimore City, Maryland: BALTIMORE MD
B. NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LUTH. HOSP. OF MD.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 53-00
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE Rural
D. STREET ADDRESS (If rural, give location): 3714 PATTERSON AVE.

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: AUG. 17 1922
9. AGE (In years last birthday): 28
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE & CLERK
10B. KIND OF BUSINESS OR INDUSTRY: U.S. GOV'T
11. BIRTHPLACE (State or foreign country): MINNESOTA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lester P. Larson
14. MOTHER'S MAIDEN NAME: Gladys —

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 472-14-7287
17. INFORMANT: Henry Cassard Jr ADDRESS: 3714 Patterson Ave ZONE 7

MEDICAL CERTIFICATION

18. 193X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) CEREBRAL EDEMA

DUE TO

ANTECEDENT CAUSES
(B) BRAIN TUMOR

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 7.31.51.
19B. MAJOR FINDINGS OF OPERATION: BRAIN TUMOR
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7.18, 1951, *to* 8.1, 1951, *that I last saw the deceased alive on* 8.1, 1951, *and that death occurred at* 10 m., *from the causes and on the date stated above.*

23A. SIGNATURE: Harold R. Daly Jr. M. D.
23B. ADDRESS: Lutheran Hosp Md
23C. DATE SIGNED: 8-1-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-4-51
24C. NAME OF CEMETERY OR CREMATORY: Mt. View Cem.
24D. LOCATION (City, town, or county) (State): Howard Co. Md

DATE RECEIVED BY LOCAL REGISTRAR: AUG 2 - 1951
REGISTRAR'S SIGNATURE: Curtis Williams, M.D.
25. FUNERAL DIRECTOR: Luther Haight
ADDRESS: Sykesville, Md.

VS 150

195 3909 10 6739 57D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

N+200

51 6751

BIRTH NO. 51 6751

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 6751

1. NAME OF DECEASED (Type or Print): Louis A Nash

2. DATE OF DEATH: 8/1/51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hosp.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.
D. STREET ADDRESS (If rural, give location): 905 N. Lombard St.

11-03

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Mar. 20, 1883
9. AGE (In years last birthday): 68
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none Cement Finisher
10B. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John W. Nash
14. MOTHER'S MAIDEN NAME: Marie Meadon

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Hospital Records
ADDRESS:

MEDICAL CERTIFICATION

18. 521 X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Lobar Pneumonia, Left — INTERVAL BETWEEN ONSET AND DEATH: ?

DUE TO

ANTECEDENT CAUSES

(B) Malnutrition — ?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Lung Abscess, Right — ?

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Benign Prostatic Hypertrophy — ?

19A. DATE OF OPERATION: 7/16/51
19B. MAJOR FINDINGS OF OPERATION: Lung Abscess.
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 1, 1951, *to* 8/1, 1951, *that I last saw the deceased alive on* 8/1, 1951, *and that death occurred at* 11 50 *Am., from the causes and on the date stated above.*

23A. SIGNATURE: H C Kramer M. D.
23B. ADDRESS: Mercy Hosp.
23C. DATE SIGNED: 8/6/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Buried
24B. DATE: 8-4-51
24C. NAME OF CEMETERY OR CREMATORY: Western
24D. LOCATION (City, town, or county): Balto. (State): Md

DATE RECEIVED BY LOCAL REGISTRAR: AUG 2 - 1951
REGISTRAR'S SIGNATURE: Curtis for Williams, M.D.
25. FUNERAL DIRECTOR: Pratt & B. M. Walter
ADDRESS: Pratt Street

VS 150

51124 106.3 .0

PLEASE WRITE LAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K-1500

51 6752

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6752

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Ruth C. KEENE

2. DATE OF DEATH: Aug 1-1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 119 S. CARROLLTON AVE
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 119 S. CARROLLTON AVE

5. SEX: FEMALE
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: Sept 21-1871
9. AGE (In years last birthday): 79
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY: U

13. FATHER'S NAME: GEORGE DIXON
14. MOTHER'S MAIDEN NAME: —

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: AUDREY SEILER
ADDRESS: 811 PRETNA CT

MEDICAL CERTIFICATION

18. 491X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bronchopneumonia, Bilateral — INTERVAL BETWEEN ONSET AND DEATH: 3 days

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 29, 1951, *to* Aug 1, 1951, *that I last saw the deceased alive on* July 31, 1951, *and that death occurred at* 9.30 *m., from the causes and on the date stated above.*

23A. SIGNATURE: Nathan Rocusin M. D.
23B. ADDRESS: 206 S. Gilmor St.
23C. DATE SIGNED: 8-1-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-3-51
24C. NAME OF CEMETERY OR CREMATORY: Mt Olivet
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: AUG 2 - 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Robt C. Walters
ADDRESS: 1070 357 W Frederick Ave

VS 150

PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-152

51 6753

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6753

1. NAME OF DECEASED (Type or Print): LEVINIA ROBINSON

2. DATE OF DEATH: July 31, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Good Samaritan Home-27 N. Carey St.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 730 N. Gilmor St.

1603

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: May 25, 1879
9. AGE (In years last birthday): 72
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A

13. FATHER'S NAME: Thomas Robinson
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Mable Moulton
ADDRESS: 730 N. Gilmor St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I 120X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma of breast

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* inspection & inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: Stanley F. Dennehy M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: August 1, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-4-51
24C. NAME OF CEMETERY OR CREMATORY: Mt. Zion Cem.
24D. LOCATION (City, town, or county) (State): Baltimore Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 2 - 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Mrs. Francis A. Hawley
ADDRESS: 578 W. Biddle St.

VS 151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Mu- 2578

S-362

51 6754

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 6754

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mrs. Ethel V. Strack

2. DATE OF DEATH: MON. 7-30-51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): So. Balto. Gen'l. Hosp.
C. Length of stay in Baltimore (Yrs. Mos. Days): Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore (6)
D. STREET ADDRESS (If rural, give location): 4228 Sheldon Ave.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 6, 1898
9. AGE (In years last birthday): 52 — If Under 1 Year: Months — Days — If Under 24 Hours: Hours — Min. —
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: at Home
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13. FATHER'S NAME: John F. Lippy
14. MOTHER'S MAIDEN NAME: Elanore F. Follin
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Charles H. STRACK (Husband) ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) chronic glomerular nephritis

DUE TO

(C) Hypertensive C-V-D

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus.

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-16-1951, 19__, *to* 7-30-1951, 19__, *that I last saw the deceased alive on* 7-30-1951, 19__ *and that death occurred at* 11:35 pm *m., from the causes and on the date stated above.*

23A. SIGNATURE: Yung-tsing Wong M. D.
23B. ADDRESS: South Baltimore General Hospital
23C. DATE SIGNED: 7-30-1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Fri. Aug. 3, 1951
24C. NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery
24D. LOCATION (City, town, or county) (State): Parkville, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: AUG 2 - 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: G. Howard Evans
ADDRESS: 061.0 1400 S. Charles St. Baltimore 30, Md.

VS 150

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

532
51 6755

51 6755

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mary J. Koontz

2. DATE OF DEATH: Aug 1, 1951

3. PLACE OF DEATH: A. Baltimore City, Maryland 1327 Hanover St

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore: Yrs. Mos. Days — Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto 25-01
D. STREET ADDRESS (If rural, give location): 1327 Hanover St

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 7, 1872
9. AGE (In years last birthday): 79
If Under 1 Year: Months | Days
If Under 24 Hours: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10B. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Balto
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: — Aymol
14. MOTHER'S MAIDEN NAME: Don't know

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.
17. INFORMANT: John A. Koontz
ADDRESS: 110 E. Birckhead St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Occlusion — Immediate

DUE TO

(B) Hypertensive cardio vas. disease — 2

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. —

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 24, 1951, *to* Aug 1st, 1951, *that I last saw the deceased alive on* Aug 1, 1951, *and that death occurred at* 12.10 a m., *from the causes and on the date stated above.*

23A. SIGNATURE: Harry Leibel M. D.
23B. ADDRESS: 1226 Hanover St.
23C. DATE SIGNED: Aug. 1, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug 4, 1951
24C. NAME OF CEMETERY OR CREMATORY: Cedar Hill
24D. LOCATION (City, town, or county) (State): A-A Co, Md

DATE RECEIVED BY LOCAL REGISTRAR: AUG 2 - 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: A. Howard Evans
ADDRESS: 1400 Druid Hill Ave, Balto 30, Md

VS 150

093d 14805 6704 5X

PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

N-143

51 6756

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6756

PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): JOHANNA NIBLETT

2. DATE OF DEATH: July 30. 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland Baltimore City
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1931 Eutaw Pl.
C. Length of stay in Baltimore 40 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If in institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore City
D. STREET ADDRESS (If rural, give location) 1515 Lancaster St

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: July 15. 1864
9. AGE (In years last birthday): 87
If Under 1 Year: Months | Days
If Under 24 Hours: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Eastern Shore Md
12. CITIZEN OF WHAT COUNTRY? U. S. A

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Harry Niblett
ADDRESS: 1515 Lancaster St

MEDICAL CERTIFICATION

18. 443X

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH | INTERVAL BETWEEN ONSET AND DEATH

(A) right hemiplegia — 3 months
DUE TO
(B) hypertensive cardio-vascular disease — 2 years
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. malnutrition — 2 yrs

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1950 19 *, to* July 30 *, 1951, that I last saw the deceased alive on* July 29 *, 19* 51 *, and that death occurred at* 2:15 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: E. Ellsworth Cook M. D.
23B. ADDRESS: 2831 Maryland Avenue
23C. DATE SIGNED: 7-31-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug 2. 1951
24C. NAME OF CEMETERY OR CREMATORY: Meadowridge
24D. LOCATION (City, town, or county) (State): Washington Blvd Md

DATE RECEIVED BY LOCAL REGISTRAR: AUG 2 - 1951
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Wendell J. Hippel
ADDRESS: 315 S. Highland ave

VS 150

1951 0006741 592d

4-200

51 6757

BIRTH NO. 51-21170

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6757

1. NAME OF DECEASED (Type or Print): Gregory Leake

2. DATE OF DEATH: July 31, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 10-02
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 812 N. Caroline St

5. SEX: male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: 6-26-51
9. AGE (In years last birthday): 5 weeks — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Leake
14. MOTHER'S MAIDEN NAME: Oneta Cornish

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: JOHNS HOPKINS HOSPITAL — ADDRESS:

MEDICAL CERTIFICATION

18. 754.6

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardiac Failure — 1 wk

DUE TO

ANTECEDENT CAUSES

(B) Congenital Heart Disease — birth

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Transposition of Great Vessels — birth

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: July 31, 1951
19B. MAJOR FINDINGS OF OPERATION: Transposition of Great Vessels
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/18, 1951 *to* 7/31, 1951, *that I last saw the deceased alive on* 7/31, 1951, *and that death occurred at* 11:20 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: David S. Sarrison Jr. M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug 2/51
24C. NAME OF CEMETERY OR CREMATORY: Mt. Calvary Cem.
24D. LOCATION (City, town, or county) (State): A. A. County Md

DATE RECEIVED BY LOCAL REGISTRAR: AUG 2 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Mrs Robert A. Elliott & Daughter
ADDRESS: 1129 N. Caroline St

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 6758 51 6758

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. D-200

1. NAME OF DECEASED (Type or Print): FRANK J. DESCH

2. DATE OF DEATH: 7.31.51. 8:05 a.m.

3. PLACE OF DEATH: A. Baltimore City, Maryland LUTH. HOSPITAL

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LUTH. HOSP. OF MARYLAND

c. Length of stay in Baltimore (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 8 06
D. STREET ADDRESS (If rural, give location): 1618 N. DURHAM STREET

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED
8. DATE OF BIRTH: Oct 19 1886
9. AGE (In years last birthday): 64
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): GUARD AT SUGAR REFINERY
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Not Known
14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: John Desch ADDRESS: 1618 Durham St

MEDICAL CERTIFICATION

18. 153X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) GENERALIZED PERITONITIS

DUE TO

ANTECEDENT CAUSES

(B) INTRA ABDOMINAL ABSCESS

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) CARCINOMA OF THE COLON

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7.30.51, 19__, *to* 7.31, 1951, *that I last saw the deceased alive on* 7.31, 1951, *and that death occurred at* 8 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: James G. Donlon M. D.
23B. ADDRESS: Lutheran Hospital
23C. DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/3/51
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: AUG 2 - 1951
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Sherina F. Hoffman ADDRESS: 1639 Broadway

VS 150

76347 0 0 0 0 7 1 046e

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

153

51 6759

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6759

1. NAME OF DECEASED (Type or Print) EVNITZ, DORA

2. DATE OF DEATH AUG 1, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) SINAI HOSPITAL

C. Length of stay in Baltimore 44 Yrs. ~~Mos.~~ ~~Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MARYLAND
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE
D. STREET ADDRESS (If rural, give location) 4539 PIMLICO ROAD

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M

8. DATE OF BIRTH

9. AGE (in years last birthday) 59

If Under 1 Year: Months Days

If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) RUSSIA

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Hyman

14. MOTHER'S MAIDEN NAME Shana

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Morris Evnitz

ADDRESS Same

MEDICAL CERTIFICATION

18. 420.1

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) HEART FAILURE

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) CORONARY THROMBOSIS

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DIABETES MELLITUS

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* AUG 1, 1951, *to* AUG 1, 1951, *that I last saw the deceased alive on* AUG 1, 1951, *and that death occurred at* 4 10 P m., *from the causes and on the date stated above.*

23A. SIGNATURE Erwin Nitkin M. D.

23B. ADDRESS Sinai Hospital

23C. DATE SIGNED Aug 1, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 8-3-51

24C. NAME OF CEMETERY OR CREMATORY Mt Carmel

24D. LOCATION (City, town, or county) (State) Balto Md

DATE RECEIVED BY LOCAL REGISTRAR AUG 2 - 1951

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR Jack Levin Inc

ADDRESS 2100 Eutaw Pl.

VS 150

061.0

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

227

W 242

51 6760

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6760

Registered No.

1. NAME OF DECEASED (Type or Print): CHARLES WAGHELSTEIN

2. DATE OF DEATH: 8-1-51

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2814 Ruscombe Lane

C. Length of stay in Baltimore: 41 Yrs. ~~Mos.~~ Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md

B. COUNTY:

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 21-17

D. STREET ADDRESS (If rural, give location): 2814 Ruscombe Lane

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH:

9. AGE (In years last birthday): 69 | If Under 1 Year: Months: Days | If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): agent

10B. KIND OF BUSINESS OR INDUSTRY: Insurance

11. BIRTHPLACE (State or foreign country): Romania

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Hyman

14. MOTHER'S MAIDEN NAME: Hannah

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Fannie Waghelstein — ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

DUE TO

(B) Coronary arteriosclerosis

DUE TO

(C) Generalized arteriosclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) Prostatitis

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 1, 1951, *to* Aug 1, 1951, *that I last saw the deceased alive on* Aug 1, 1951, *and that death occurred at* 10:30 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE: R. Krukowitz, M. D.

23B. ADDRESS: 2442 Hilton St.

23C. DATE SIGNED: 8/2/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8-3-51

24C. NAME OF CEMETERY OR CREMATORY: Rosedale

24D. LOCATION (City, town, or county): Balto (State): Md

DATE RECEIVED BY LOCAL REGISTRAR: AUG 2 - 1951

REGISTRAR'S SIGNATURE: Hunter Williams, M.D.

25. FUNERAL DIRECTOR: Jack Lewis Inc

ADDRESS: 2100 Eutaw Pl

VS 150

450530 0 0 0 6 7 0 9 4 a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Kenilworth
244 No Hilton
WL 7083
1100 Laurel Ave
70 3282

Harmon

R-000

51 6761

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6761

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Lattie Roe

2. DATE OF DEATH: July 29, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1325 N. Lafayette Ave.
C. Length of stay in Baltimore: 51 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1325 N. Lafayette Ave.

16 07

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Dec. 21, 1889
9. AGE (In years last birthday): 61
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Osborne Taylor
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No.
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Howard S. Drury
ADDRESS: 1209 N. Mosher St.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cancer stomach — INTERVAL BETWEEN ONset AND DEATH: ?
DUE TO
(B)
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO Carcinomatosis
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 7-9-51
19B. MAJOR FINDINGS OF OPERATION: Cancer Stomach
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-26, 1951, *to* 7-29, 1951, *that I last saw the deceased alive on* 7-29, 1951, *and that death occurred at* 8 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE: [illegible] M. D.
23B. ADDRESS: 2224 Madison Ave.
23C. DATE SIGNED: 8-2-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug. 2, 1951
24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 2 - 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Holland Funeral Home
ADDRESS: 1631 Druid Hill Ave.

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1951 006750

046 b

H-452

Pendleton

51 6762

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6762

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Elizabeth Holmes

2. DATE OF DEATH: July 31, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 412 Myrtle Ave.
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 412 Myrtle Ave.

17-03

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 29, 1895
9. AGE (In years last birthday): 56 — If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Westmoreland Co. Va
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Thornton Aileen
14. MOTHER'S MAIDEN NAME: Elizabeth Clayton
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Agnes Holmes — ADDRESS: 412 Myrtle Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

570.2

(A) Myocardial degeneration — 6 mo.

DUE TO

ANTECEDENT CAUSES

(B) Mesenteric thrombosis — 3 yr.

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. *, 1950, to* July 31 *, 1951, that I last saw the deceased alive on* July 31 *, 1951 and that death occurred at* 1:10 *m., from the causes and on the date stated above.*

23A. SIGNATURE: Geo. H. Lewis Letton M. D.
23B. ADDRESS: 1723 Druid Hill Ave
23C. DATE SIGNED: 8-1-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug. 3, 1951
24C. NAME OF CEMETERY OR CREMATORY: Arbutus Mem. Pk.
24D. LOCATION (City, town, or county) (State): Balto. Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 2 - 1951
REGISTRAR'S SIGNATURE: [illegible] Baltimore, Md.
25. FUNERAL DIRECTOR: Holland Funeral Home — ADDRESS: 1631 Druid Hill Ave.

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1951 000 6751 093d

A-262

HLC-150632

BIRTH NO. 51 6763 Birth # 51-16745

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 6763

1. NAME OF DECEASED (Type or Print): Beatrice Agurs

2. DATE OF DEATH: 7/31/51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Avenue
c. Length of stay in Baltimore: Yrs. Mos. Days: Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2503 Woodbrook Avenue

13-03

5. SEX: F
6. COLOR OR RACE: N
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 7, 1930
9. AGE (In years last birthday): 20
If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Floyd Danis
14. MOTHER'S MAIDEN NAME: Bessie Peter
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 687X and 204.1

(A) Thrombosis of the Cortical Vein — INTERVAL BETWEEN ONSET AND DEATH: 1 Week

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

(over)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Myelogenous Leukemia ? — Unknown

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-22, 19 51 *to* 7/31, 19 51 *that I last saw the deceased alive on* 7-31, 19 51 *and that death occurred at* 5:25 PM *m., from the causes and on the date stated above.*

23A. SIGNATURE: T. S. Cogen M. D.
23B. ADDRESS: 4940 Eastern Avenue
23C. DATE SIGNED: 8/2/51

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE: Aug. 4/51
24C. NAME OF CEMETERY OR CREMATORY: Arbutus Mem. Park
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: AUG 2 - 1951
REGISTRAR'S SIGNATURE: Lillington Williams, M.D.
25. FUNERAL DIRECTOR: J. C. Brooks
ADDRESS: 1463 N. Carey St

146c

VS 150

1951 0006752

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Birth 51-16745 - 7/22/51.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 6764

BIRTH NO. Y-520

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 6764

Registered No.

1. NAME OF DECEASED (Type or Print): VERA L. YOUNG

2. DATE OF DEATH: AUGUST 2, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SINAI HOSPITAL
C. Length of stay in Baltimore: Yrs. 5 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: VA.
B. COUNTY: FR
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ARLINGTON
D. STREET ADDRESS (If rural, give location): 3213 S. 12TH ST.

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): S.
8. DATE OF BIRTH: 7/14/14
9. AGE (In years last birthday): 37
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CLERK
10B. KIND OF BUSINESS OR INDUSTRY: U.S. GOV'T
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JAMES. EDWARD YOUNG
14. MOTHER'S MAIDEN NAME: LULA LINGERFELT

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ?
17. INFORMANT: Marie Willey
ADDRESS: RFD 5 GARDINER ME.

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 170X

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) METASTATIC CARCINOMA — INTERVAL BETWEEN ONSET AND DEATH: 3 YRS

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) CARCINOMA OF BREAST

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION: CA of breast
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* August 1, 1951, *to* August 2, 1951, *that I last saw the deceased alive on* Aug. 1, 1951, *and that death occurred at* 1:20 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE: A. Norman Slaney M. D.
23B. ADDRESS: SINAI HOSPITAL
23C. DATE SIGNED: 8/2/51.

24A. BURIAL, CREMATION, REMOVAL (Specify): 8-6-51
24B. DATE: 8-6-51
24C. NAME OF CEMETERY OR CREMATORY: National Memorial
24D. LOCATION (City, town, or county) (State): Fairfax Co. Va.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 4 1951
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: William J. Gickner & Sons
ADDRESS: By: Wm J. Gicknor Jr.

VS 150

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51 6765

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6765

Registered No.

1. NAME OF DECEASED (Type or Print): Frederick Engler

2. DATE OF DEATH: 7-31-51

3. PLACE OF DEATH: A. Baltimore City, Maryland Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2527 Foster Avenue

C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN: Baltimore, Md. (If outside corporate limits, write RURAL and give township)
D. STREET ADDRESS (If rural, give location): 2318 Cambridge Street

104

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 12-13-84
9. AGE (In years last birthday): 67
If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Watchman
10B. KIND OF BUSINESS OR INDUSTRY: Gibbs Packing Co
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Carl Engler Vegl (?)
14. MOTHER'S MAIDEN NAME: Minnie ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Chas. F. Engler ADDRESS: 2527 Foster Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 10 days

DUE TO

ANTECEDENT CAUSES

(B) Arteriosclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jul 21, 1951, *to* Jul 31, 1951, *that I last saw the deceased alive on* Jul 31, 1951, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23A. SIGNATURE: Jacob Fisher M. D.
23B. ADDRESS: 1823 N. Wash. St.
23C. DATE SIGNED: 8/2/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-3-51
24C. NAME OF CEMETERY OR CREMATORY: Mt. Carmel
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 2 - 1951
REGISTRAR'S SIGNATURE: Curtis Alton Williams, M.D.
25. FUNERAL DIRECTOR: Lilly & Zeiler, Inc.
ADDRESS: 403 S. Wolfe Street

VS 150

76342 6754

83a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

6

N 655
51 6766

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 6766
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): JAMES J. WEHRMAN SR.
2. DATE OF DEATH: JULY 31, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland 3218 FOSTER AVE.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
C. Length of stay in Baltimore LIFE Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE MD.
B. COUNTY 26-11
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE
D. STREET ADDRESS (If rural, give location) 3218. FOSTER AVE

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: AUG 3 1904
9. AGE (In years last birthday): 46
If Under 1 Year: Months | Days
If Under 24 Hours: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): ELECTRICIAN
10B. KIND OF BUSINESS OR INDUSTRY: UNEMPLOYED
11. BIRTHPLACE (State or foreign country): BALTO. MD
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN WEHRMAN (SR)
14. MOTHER'S MAIDEN NAME: AGNES McGANTY.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): YES
(If yes, give war or dates of service): 3 YRS.
16. SOCIAL SECURITY NO.
17. INFORMANT: MARY WEHRMAN
ADDRESS: 3218 FOSTER

MEDICAL CERTIFICATION

18. 163X

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) Hypostatic Pneumonia — Jul 27 51
DUE TO
(B) Carcinoma of Lung — Jun 1 51
DUE TO
(C) Cirrhosis of Liver — Jan 1 50

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 1 1938 *to* July 30 1951 *that I last saw the deceased alive on* July 30 1951 *and that death occurred at* 6 *m, from the causes and on the date stated above.*

23A. SIGNATURE: William J. Rysamer M. D.
23B. ADDRESS: 801 N Fremont Av
23C. DATE SIGNED: July 31 51

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 8-3-1951
24C. NAME OF CEMETERY OR CREMATORY: SACRED HEART CEM
24D. LOCATION (City, town, or county) (State): 7401 GERMAN HILL RD.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 2 - 1951
REGISTRAR'S SIGNATURE: Winifred Williams, M.D.
25. FUNERAL DIRECTOR: Charles S. Giles
ADDRESS: 901 S. CONKLING ST.

VS 150

1951 515 36 75

47D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly.

WEHRMAN:— (Baumgartner)

ON JULY 31, 1951, ~~JAMES~~

JAMES J. SR. (3218 FOSTER AVE.) BELOVED

HUSBAND OF MARY WEHRMAN (NEE

HOFFMAN)

FUN. ——

H 51 250 6767

51 6767

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO.

1. NAME OF DECEASED (Type or Print): WILLIAM C. HOGAN

2. DATE OF DEATH: July 31, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lutheran Hospital

C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 606 N. Calvert Street

11-01

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: June 24 1888
9. AGE (In years last birthday): 63 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): electrican helper
10B. KIND OF BUSINESS OR INDUSTRY: ship yards
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas F. Hogan
14. MOTHER'S MAIDEN NAME: Mary McArdle

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Yes (If yes, give war or dates of service): WWI
16. SOCIAL SECURITY NO.
17. INFORMANT: Catherine Weaver — ADDRESS: 2920 Alameda Blvd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

420.1

(A) Coronary artery sclerosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* partial autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from:* natural causes [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: Stanley F. Dunlaeler M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: August 1, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/4/51
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral Cem.
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: AUG 2 - 1951
REGISTRAR'S SIGNATURE: Winston Williams, M.D.
25. FUNERAL DIRECTOR: CHARLES F. EVANS & SON — ADDRESS

VS 151

PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

920 34 118 W. 14th Ro 9175 Ru 6 94a

8929 TS 51 6768

BIRTH NO. S-242

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): John Vincent Ricks Sheckells

2. DATE OF DEATH: July 31, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2225 Sidney Ave.
c. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2225 Sidney Ave.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: December 22, 1873
9. AGE (In years last birthday): 77
If Under 1 Year: Months: Days:
If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10B. KIND OF BUSINESS OR INDUSTRY: Dairy
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John V. R. Sheckells
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 215-10-2376
17. INFORMANT: Mrs. Virginia Wheeler
ADDRESS: 2225 Sidney

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 29, 1951, *to* July 31, 1951, *that I last saw the deceased alive on* July 30, 1951, *and that death occurred at* 10 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Nathan Rosenin M. D.
23B. ADDRESS: 206 S. Gilmor St.
23C. DATE SIGNED: 8-1-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug. 3, 1951
24C. NAME OF CEMETERY OR CREMATORY: Mt. Olivet
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: 1951
REGISTRAR'S SIGNATURE: [illegible] Williams, M.D.
25. FUNERAL DIRECTOR: John F. Denny, Inc.
ADDRESS: 715 Light St.

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5 1 0 0 6 7 5 7 94a

51 6769

BIRTH NO. 51 6769 J-400

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): Edward Haddaway Jewel

2. DATE OF DEATH: July 31, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 10 E. Henrietta St.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 10 E. Henrietta St. 2201

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 21, 1865
9. AGE (In years last birthday): 85 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman
10B. KIND OF BUSINESS OR INDUSTRY: Old Bay Line
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Pierson Jewell
14. MOTHER'S MAIDEN NAME: Sarah Bonn

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Margaret Jewell — ADDRESS: 10 E. HenriettaSt.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Accident Antecedent C.V. Disease — INTERVAL BETWEEN ONSET AND DEATH: 25 Months ?

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1948, 19__, *to* July 31, 1951, 19__, *that I last saw the deceased alive on* July 27, 1951, *and that death occurred at* 8 a. m., *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: 107 E. West St.
23C. DATE SIGNED: 8/2/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/4/51
24C. NAME OF CEMETERY OR CREMATORY: Chester Cemetery
24D. LOCATION (City, town, or county) (State): Chestertown, Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 3 1951
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: John F. Denny, Inc. — ADDRESS: 715 Light St.

VS 150

51 006758

93D

51 6770 51-17720

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6770

Registered No.

BIRTH NO. H-435

1. NAME OF DECEASED (Type or Print): Baby Girl Holden

2. DATE OF DEATH: 8-2-51

3. PLACE OF DEATH:
A. Baltimore City, Maryland — BALTO. MD.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hosp.
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.
D. STREET ADDRESS (If rural, give location): 1605 Montpelier St. 9-07

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: 8-1-51
9. AGE (in years last birthday): If Under 1 Year — Months: Days: 1 — If Under 24 Hours — Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: THOMAS FRANCIS Holden
14. MOTHER'S MAIDEN NAME: MARY Catherine EAGAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: FAMILY — ADDRESS: 1605 MONTPELIER ST

MEDICAL CERTIFICATION

18. 776X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Prematurity — 38 hrs

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-1-51, 19__, *to* July 2, 1951 *that I last saw the deceased alive on* July 2, 1951 *and that death occurred at* 8:40 Am., *from the causes and on the date stated above.*

23A. SIGNATURE: J. A. Stone, M. D.
23B. ADDRESS: Mercy Hosp
23C. DATE SIGNED: 8-2-51

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 8-3-51
24C. NAME OF CEMETERY OR CREMATORY: NEW CATHEDRAL
24D. LOCATION (City, town, or county) (State): BALTO. MD.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 3 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: J. Walter Coxlin
ADDRESS: 2343 HARFORD AV.

VS 150

1951 0006759

159

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 6771 — BIRTH NO. T 613

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 6771 — Registered No.

1. NAME OF DECEASED (Type or Print): Thrift, Henry Edward

2. DATE OF DEATH: Aug. 1, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR ~~INSTITUTION~~ (If not in hospital or institution, give street address or location): St. Joseph's
C. Length of stay in Baltimore (Yrs. Mos. Days): 25 yr.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3239 Kenyon Ave. 26-03

5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 9, 1881
9. AGE (In years last birthday): 69 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10B. KIND OF BUSINESS OR INDUSTRY: Buildings
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Henry Thrift
14. MOTHER'S MAIDEN NAME: Emma Newbill
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ?
17. INFORMANT: Mrs, Clemmie B. Thrift — ADDRESS: 3239 Kenyon Ave. - 13

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 151X

(A) Carcinomatosis

DUE TO

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Carcinoma, Stomach

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 28, 1951 *to* Aug. 1, 1951, *that I last saw the deceased alive on* Aug. 1, 1951 *and that death occurred at* 8:30 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: E. Paul Coffay Jr. M. D.
23B. ADDRESS: 1400 N. Caroline St.
23C. DATE SIGNED: Aug. 1, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 8/2/51
24C. NAME OF CEMETERY OR CREMATORY: Church View Cemetery
24D. LOCATION (City, town, or county) (State): Church View, Va.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 3 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: HENRY SANDER & SONS, INC. BALTO. 13, MD.
ADDRESS: Geo. P. Sander

VS 150

95 P 24 0 6 7 6 0 46B

M-240

51 6772

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6772

1. NAME OF DECEASED (Type or Print): Mackall, Audrey

2. DATE OF DEATH: 7.30.51

3. PLACE OF DEATH: A. Baltimore City, Maryland — Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Provident Hospital

C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balt.
D. STREET ADDRESS (If rural, give location): 846 Tyson St.

5. SEX: Fe.
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: 8.22.1907
9. AGE (In years last birthday): 44 — If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.: 11.03

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balt.
12. CITIZEN OF WHAT COUNTRY? MD

13. FATHER'S NAME: White
14. MOTHER'S MAIDEN NAME: Lula Williams

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Thrombosis

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Malnutrition + Dehydration - Toxemia.

332X

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/19/51, to July 30, 1951, that I last saw the deceased alive on July 30, 1951, and that death occurred at ____ m., from the causes and on the date stated above.

23A. SIGNATURE: Gilbert L. Barnes M. D.
23B. ADDRESS: 722 N. Fulton Ave
23C. DATE SIGNED: 8-1-51

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE: 8-4-51
24C. NAME OF CEMETERY OR CREMATORY: Mt Calvary
24D. LOCATION (City, town or county) (State): Cedar Hill

DATE RECEIVED BY LOCAL REGISTRAR: AUG 3 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Adolphus Halstead 918 Druid Hill ave
ADDRESS:

VS 150

5 1 0 0 6 7 7 2 1 8 3 B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-260

51 6773

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 5773

Registered No.

1. NAME OF DECEASED (Type or Print): Sichu Carl

2. DATE OF DEATH: 8/1/51

3. PLACE OF DEATH:
A. Baltimore City, Maryland 33d. & Calvert.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Mot Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Glen Arm
D. STREET ADDRESS (If rural, give location): R.F.D #2

5300

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): S
8. DATE OF BIRTH: NOT KNOW
9. AGE (In years last birthday): 55 — If Under 1 Year: Months —, Days —; If Under 24 Hours: Hours —, Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm laborer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Finland
12. CITIZEN OF WHAT COUNTRY? American

13. FATHER'S NAME: Nicholas Sichu
14. MOTHER'S MAIDEN NAME: Lisbeth

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Sichu Carl — ADDRESS: RFD No 2, Glen Arm, Md

MEDICAL CERTIFICATION

18. 151X

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cancer of stomach, inoperable — INTERVAL BETWEEN ONSET AND DEATH: 10 M. ?

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 7/20/51
19B. MAJOR FINDINGS OF OPERATION: Cancer of stomach inoperable
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/6, 1951, *to* 8/1, 1951, *that I last saw the deceased alive on* 7/31, 1951, *and that death occurred at* 5 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Alfred S. Nelson M. D.
23B. ADDRESS: Union Memorial H.
23C. DATE SIGNED: 8/1/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug. 4-51
24C. NAME OF CEMETERY OR CREMATORY: Holy Trinity Cemetery
24D. LOCATION (City, town, or county) (State): Elkridge Md

DATE RECEIVED BY LOCAL REGISTRAR: AUG 3 1951
REGISTRAR'S SIGNATURE: Thurlington Phillips, M.D.
25. FUNERAL DIRECTOR: J. A. Grettianacker Jr
ADDRESS: 2905 E. Pratt St

VS 150

52 10 0 6 7 462

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 6774

BIRTH NO. D-250

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6774 Registered No.

1. NAME OF DECEASED (Type or Print): NETTIE VIOLA DIXON

2. DATE OF DEATH: July 31, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 8 S. Payson St.
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 8 S. Payson St. 28-03

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Sept. 26, 1874
9. AGE (In years last birthday): 76 — If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Boyd
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. Samuel T. Dixon — ADDRESS: 8 S. Payson St.

MEDICAL CERTIFICATION

18. 442X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, c. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) Chronic myocarditis — 3 yrs
DUE TO Chronic Nephritis
Arteriosclerosis

ANTECEDENT CAUSES

(B)
DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Senility

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 1945 *to* July 31, 1951, *that I last saw the deceased alive on* July 30, 1951, *and that death occurred at* 11 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Thomas S Bowyer M. D.
23B. ADDRESS: 221 Med Arts Bldg
23C. DATE SIGNED: 8-2-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/3/51
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 3 1951
REGISTRAR'S SIGNATURE: Carrington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Tickner & Sons
ADDRESS: 676 Pla Balto. Md.

VS 150

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 6775

BIRTH NO. B-430

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6775

Registered No.

1. NAME OF DECEASED (Type or Print): CATHERINE M. BELT

2. DATE OF DEATH: Aug. 2, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3613 Copley Rd.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3613 Copley Rd.

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Nov. 22, 1875
9. AGE (In years last birthday): 75 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: George Young
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): -
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. Philip E. Belt — ADDRESS: 3613 Copley Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Cardiac Dilatation — Short time.

DUE TO

ANTECEDENT CAUSES

(B) Cardio. Vascular Disease — 2 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) age.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 10, 1951, *to* Aug. 2, 1951, *that I last saw the deceased alive on* Aug. 1, 1951, *and that death occurred at* 1:10 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: Herbert C. Blake M. D.
23B. ADDRESS: Med. arts Bldg
23C. DATE SIGNED: 8.3.51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/4/51
24C. NAME OF CEMETERY OR CREMATORY: Druid Ridge Cem.
24D. LOCATION (City, town, or county) (State): Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 3 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Tickener & Sons
ADDRESS: 693 D Balto., Md.

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

L-100

51 6776

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6776

Registered No.

1. NAME OF DECEASED (Type or Print): HANS HINRICHS LAUBE

2. DATE OF DEATH: August 2, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4400 MAINE AVE. -7-
C. Length of stay in Baltimore: 29 Yrs. ~~Mos. Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore -7-
D. STREET ADDRESS (If rural, give location): 4400 Maine Avenue, 24-04

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 7, 1888
9. AGE (In years last birthday): 62
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer
10B. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Hamburg, Germany
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Hinrichs Laube
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Carrie A. Laube
ADDRESS: 4400 Maine Ave, Balt.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Stomach with generalized metastases — INTERVAL BETWEEN ONSET AND DEATH: 2 years

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: Feb. 13, 1951
19B. MAJOR FINDINGS OF OPERATION: Carcinoma of Stomach with Metastases to Liver
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): No
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 13, 1951, *to* August 2, 1951, *that I last saw the deceased alive on* August 2, 1951, *and that death occurred at* 10 50 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: Mullord T. Trakerd M. D.
23B. ADDRESS: 3400 Woodbine Ave. Balt. 7, Md
23C. DATE SIGNED: 8/2/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/6/51
24C. NAME OF CEMETERY OR CREMATORY: Green Mount Cem.
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 3 1951
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Wm. J. Lickner & Sons
ADDRESS: Balto., Md.

VS 150

04324 0 6765 46

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 6777 51 6777

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. H-541

1. NAME OF DECEASED (Type or Print): MARY HIMELFARB

2. DATE OF DEATH: 8-3-51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3104 Tioga Parkway
C. Length of stay in Baltimore: 48 Hrs. ~~Mos.~~ ~~Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15-05
D. STREET ADDRESS (If rural, give location): 3104 Tioga Parkway

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH:
9. AGE (In years last birthday): 72 If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY:
13. FATHER'S NAME: Not Known
14. MOTHER'S MAIDEN NAME: Not Known
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Rose Lemler ADDRESS: Same

MEDICAL CERTIFICATION

18. 710.0

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bronchio-Pneumonia — 2 weeks

DUE TO

ANTECEDENT CAUSES

(B) Dermatomyositis — 2 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.: Hypertension, Cardiac Insufficiency — 3-4 mos.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1943 *to* 8-2, 1951, *that I last saw the deceased alive on* 8-2, 1951, *and that death occurred at* 5:30 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Sheldon Cooper M. D.
23B. ADDRESS: 2201 Eutaw Place
23C. DATE SIGNED: 8/3/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-3-51
24C. NAME OF CEMETERY OR CREMATORY: Rosedale
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: AUG 3 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.
25. FUNERAL DIRECTOR: Jack Levine
ADDRESS: 2100 Eutaw Pl

VS 150

107

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct and legible. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Cooper

B-200

51 6778

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6778

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MR. JAMES W. BEEK

2. DATE OF DEATH: AUGUST 2, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland MARYLAND.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. AGNES HOSPITAL
c. Length of stay in Baltimore 1 Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MARYLAND. B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE, 16 08
D. STREET ADDRESS (If rural, give location): 734 Linnard St. #29

5. SEX: Male
6. COLOR OR RACE: white.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married.
8. DATE OF BIRTH: Aug. 3, 1908
9. AGE (In years last birthday): 42 — If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): WELDER.
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): MARYLAND.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: MR. JAMES B. BEEK — Con JT
14. MOTHER'S MAIDEN NAME: BESSIE B. HUSH.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 216-03-0780
17. INFORMANT: MRS. MORINE BEEK. ADDRESS: * 734 Linnard st

MEDICAL CERTIFICATION

18. 331X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebro Vascular Accident

DUE TO

(B) Essential Hypertension

DUE TO

(C) Cerebral Sclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/ 1951, *to* 8/ 1951, *that I last saw the deceased alive on* 8/ 1951, *and that death occurred at* 1:45 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: John E. Healy M. D.
23B. ADDRESS: St Agnes Hosp
23C. DATE SIGNED: 8/2/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/6/51
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral
24D. LOCATION (City, town, or county) (State): Balto. 29. Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 3 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Harry H. Mitzitie
ADDRESS: 4101 Edmondson Ave.

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

68524 0 0 0 6 7 6 783a

5-650
51 6779

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 6779

1. NAME OF DECEASED (Type or Print): Mrs. Ellen L. Sauerwein

2. DATE OF DEATH: 8-1-51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bon Secours Hospital
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland, Baltimore
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 5106 Edmonson Ave.

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1-5-1885
9. AGE (In years last birthday): 66 — If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H. W.
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Stewart
14. MOTHER'S MAIDEN NAME: Catherine Fitzpatrick

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Smith, ADDRESS: 5106 Edmondson Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Alelectasis, Pneumonia Fluid Inbalance

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Intestinal obstruction & Distention

DUE TO

(C) CA of Rectum

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 7-23-51
19B. MAJOR FINDINGS OF OPERATION: Carcinomia of Rectum (2)
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-22, 1951 *to* 8-1, 1951, *that I last saw the deceased alive on* 8-1, 1951 *and that death occurred at* 6 PM *m., from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: Bon Secours Hospital
23C. DATE SIGNED: 8-1-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/4/51.
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral
24D. LOCATION (City, town, or county) (State): Balto. 29, Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 3 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Harry H. Leitzke
ADDRESS: 4101 Edmondson Ave.

VS 150

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be entered fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1951 10 0676 465

Usage

600

51 6780

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6780

1. NAME OF DECEASED (Type or Print): IULA GRAY

2. DATE OF DEATH: August 1, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Provident Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 324 W. Hoffman Street

1104

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 16, 1885
9. AGE (In years last birthday): 65 66
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Merry Oaks, N.C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph C. Austin
14. MOTHER'S MAIDEN NAME: Nettie Austin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Florence Sharp
ADDRESS: 324 W. Hoffman

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic cardiovascular disease
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* inspection & inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from:* natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE: Stanley K. Denslow M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: August 2, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 8-4-51
24C. NAME OF CEMETERY OR CREMATORY: Arbutus Mem. Pk.
24D. LOCATION (City, town, or county) (State): Arbutus, Md

DATE RECEIVED BY LOCAL REGISTRAR: AUG 3 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Charles R. Law
ADDRESS: 802 Madison Ave

VS 151

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X Registered No. 51 6781

BIRTH NO. 51 6781

1. NAME OF DECEASED (Type or Print): Emma Heavens

2. DATE OF DEATH: 8-1-51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore: 5 ~~Yrs.~~ ~~Mos.~~ Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Howard
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hanover
D. STREET ADDRESS (If rural, give location): 6300

5. SEX: F
6. COLOR OR RACE: W
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~ (Specify): Widow
8. DATE OF BIRTH: Jan. 22, 189[illegible]
9. AGE (In years last birthday): 60
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas Fleming
14. MOTHER'S MAIDEN NAME: Jane —

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. Elliott, 6929 Highland Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Fracture - right femoral neck — INTERVAL BETWEEN ONSET AND DEATH: 12 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CERTIFICATION APPROVED BY
William [illegible] M. D.
CHIEF OR ASST. MEDICAL EXAMINER

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Generalized arteriosclerosis & debilitation

19A. DATE OF OPERATION: 7-28-51
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Home of Son - 69 No. Highland Ave. 29-44
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): 7-20-51 m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21F. HOW DID INJURY OCCUR? Slipped & fell to floor

22. I hereby certify that I attended the deceased from 7-20 19 5, to 8-1-51, 19__, that I last saw the deceased alive on 8-1-51, 19__ and that death occurred at 2:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE: John [illegible] M. D.
23B. ADDRESS: University Hosp.
23C. DATE SIGNED: 8-1-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/4/51.
24C. NAME OF CEMETERY OR CREMATORY: Parkwood
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 3 1951
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Harry A. Nutter
ADDRESS: 4101 Edmondson Ave

VS 150

N 820.0 5 1 0 0 6 7 1 0 186a Am.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-436
51 6782

51 6782

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Jose Calderon

2. DATE OF DEATH: Aug 3, 1951

3. PLACE OF DEATH: A. Baltimore City, Maryland — Mbg 3

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: VENEZUELA
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CARRACAS 7-05
D. STREET ADDRESS (If rural, give location):

5. SEX: MALE
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 12-17-85
9. AGE (In years last birthday): 65 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Colonel USA - Retired
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MERIda VENEZUELA
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: PAULINO CALDERON
14. MOTHER'S MAIDEN NAME: Lucinda MAGALLAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: JOHNS HOPKINS HOSPITAL — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of the stomach
DUE TO with metastases

ANTECEDENT CAUSES

(B)
DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 8/1/51
19B. MAJOR FINDINGS OF OPERATION: Cancer of stomach & metastases
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-27- *, 1951, to* 8-3- *, 1951, that I last saw the deceased alive on* 8-3- *, 1951, and that death occurred at* 1⁴⁰ *A m., from the causes and on the date stated above.*

23A. SIGNATURE: Anne B. McKusick M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: Aug 4-1951
24C. NAME OF CEMETERY OR CREMATORY: Tierra De Jugo
24D. LOCATION (City, town, or county) (State): Caracas Venezuela

DATE RECEIVED BY LOCAL REGISTRAR: AUG 3 1951
REGISTRAR'S SIGNATURE: Hunter Jon Williams, M.D.
25. FUNERAL DIRECTOR: Earl B. Wolcutt Funeral Home Inc
ADDRESS: 8-725 St Baltimore Md

VS 150

59591 4031 46B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

255

51 6783

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6783

1. NAME OF DECEASED (Type or Print): EDWARD F. LEISMAN

2. DATE OF DEATH: 8-1-51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 4015 Edgewood Road

15-11

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Mar. 9, 1899
9. AGE (In years last birthday): 52 a.d.
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bundle Wrapper
10B. KIND OF BUSINESS OR INDUSTRY: American Novelty Co.
11. BIRTHPLACE (State or foreign country): Baltimore County, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Lewis Leisman NOTION(W)
14. MOTHER'S MAIDEN NAME: Lottie Kolb

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): yes
(If yes, give war or dates of service): W. W. I
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Marguerite Leisman
ADDRESS: 4015 Edgewood St.

MEDICAL CERTIFICATION

18. E983X

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Intra-cranial hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Fracture of skull

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Sidewalk
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) In front of: 1608 St. Paul St.
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): August 1, 1951 1:04A.m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR? Blunt force; also struck head on pavement

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [ ], *accident* [ ], *suicide* [ ], *homicide* [X], *undetermined* [ ].

23A. SIGNATURE: Stanley H. Dunlacher M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: August 1, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 8/6/51
24C. NAME OF CEMETERY OR CREMATORY: U. S. National Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: AUG 3 1951
REGISTRAR'S SIGNATURE: Fontington Williams M.D.
25. FUNERAL DIRECTOR: Wm. Cook, Inc.
ADDRESS: 1217 St. Paul Street

VS 151

N803.2 69062 6778 168

PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

TO BE APPROVED BY MEDICAL EXAMINER

51 6784

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6784

1. NAME OF DECEASED (Type or Print): HENRY REINEK

2. DATE OF DEATH: August 2, 1951

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): US Marine Hospital, Wyman Pk. Drive & 31st St.

C. Length of stay in Baltimore: 99 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY:

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore

D. STREET ADDRESS (If rural, give location): 4110 Sherbrook Avenue

28-81

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Wid.

8. DATE OF BIRTH: 4/29/78

9. AGE (In years last birthday): 73 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Carperter

10B. KIND OF BUSINESS OR INDUSTRY: B. & O. R. R. Co.

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Reinek

14. MOTHER'S MAIDEN NAME: Anna Keil

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Yes

(If yes, give war or dates of service): SAW- US Navy

16. SOCIAL SECURITY NO.: 705-09-1093

17. INFORMANT: Records-US Marine Hospital, Balto, Md.

ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Fracture, Comminuted, Parietal and Temporal Bones, Left — Interval between onset and death: less than one hour

DUE TO

(B) Arteriosclerotic cardiovascular disease — Interval: unknown

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

B.C. Rosenberg

CERTIFICATION APPROVED BY

William Wirth M.D.

~~CHIEF~~ OR ASST. MEDICAL EXAMINER.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 4110 Sherbrook Ave. Balto, Md.

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): 8/2/51 m.

21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21F. HOW DID INJURY OCCUR? Fell in garage - Slipped & fell to ground

22. *I hereby certify that I attended the deceased from* DEAD ON ARRIVAL, 19__, *to* Aug. 2, 1951, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23A. SIGNATURE: E. DuBose Dent, Jr. Office of the Sa M. D.

23B. ADDRESS: US Marine Hospital, Balto, Md.

23C. DATE SIGNED: 8/2/51

24A. BURIAL, CREMATION, REMOVAL (Specify): burial

24B. DATE: 8/6/51

24C. NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery

24D. LOCATION (City, town, or county) (State): Anne Arundel County, Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 3 1951

REGISTRAR'S SIGNATURE: Interim for Williams, M.D.

25. FUNERAL DIRECTOR: Wm. Cook, Inc.

ADDRESS: 1217 St. Paul Street

VS 150

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186a

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 655

CERTIFICATE CORRECTED 8-10-51

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. N.R.

Registered No. 51 6785

1. NAME OF DECEASED (Type or Print): MARY ANN FREEMAN

2. DATE OF DEATH: 8/3/51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore: 2 ~~Yrs.~~ ~~Mos.~~ Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Montgomery
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silver Spring
D. STREET ADDRESS (If rural, give location): 10030 Green Oak Rd. Greenock

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: Oct. 19, 1948
9. AGE (In years last birthday): 2 1/2 yrs
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): child
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Cheverly, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert L. Freeman
14. MOTHER'S MAIDEN NAME: Ann Marie Jarbo

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: no
17. INFORMANT: mother
ADDRESS: same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bronchopneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Cystic Fibrosis of Pancreas

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/1/51, 19__, *to* 8/3, 1951 *that I last saw the deceased alive on* 8/3, 1951 *and that death occurred at* 8:30 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Martin K. Carter M. D.
23B. ADDRESS: Univ. Hosp.
23C. DATE SIGNED: 8/3/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug 6, 51
24C. NAME OF CEMETERY OR CREMATORY: Mt. Harmon
24D. LOCATION (City, town, or county) (State): Groveton Va.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 3 1951
REGISTRAR'S SIGNATURE: Emlington Williams, M.D.
25. FUNERAL DIRECTOR: W W Chambers Co.
ADDRESS: Riverdale, Md.

VS 150

1951 006 7

128

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

452
51 6786
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 6786

1. NAME OF DECEASED (Type or Print): ESSIE WILLIAMS

2. DATE OF DEATH: July 31, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 808 W. Lexington Street

18-01

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Sept. 28, 1904
9. AGE (In years last birthday): 46 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laundress
10B. KIND OF BUSINESS OR INDUSTRY: Laundry
11. BIRTHPLACE (State or foreign country): Lane S.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard Casey
14. MOTHER'S MAIDEN NAME: Diana Darcas

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Sadie Booth — ADDRESS: 453 Walton Ct.

MEDICAL CERTIFICATION

18. 443X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Hypertensive cardiovascular disease

DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Cerebral hemorrhage

DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection & Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: William Mondt M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: August 2, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-6-1951
24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn Cem.
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 3 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Mrs Katie R Williams — ADDRESS: 322 N. Schroeder St.

VS 151

64389 0 0 0 6 93D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B. 425

51 6787

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6787

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Eugene Blackmoore

2. DATE OF DEATH: July 31, 1951.

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 112 N. Poppleton St.
C. Length of stay in Baltimore (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 112 N. Poppleton St.

15-01

5. SEX: Male
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: October 1907
9. AGE (In years last birthday): 43
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Sparrows Pt.
11. BIRTHPLACE (State or foreign country): Winsboro, S.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Saunders Blackmoore. Shipyard
14. MOTHER'S MAIDEN NAME: Georganna Hughes. ✓

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mary Blackmoore, ADDRESS: 112 N. Poppleton St.

MEDICAL CERTIFICATION

18. 002X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Respiratory Failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Pulmonary Tuberculosis

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/31 *19*51, *to* ——, *19*__, *that I last saw the deceased alive on* 7/31, *19*51, *and that death occurred at* 3 p.m. *m., from the causes and on the date stated above.*

23A. SIGNATURE: Dr Marcus W. Moore, Sr. M. D.
23B. ADDRESS: 238 N. Carey St.
23C. DATE SIGNED: 8/1/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-3-1951
24C. NAME OF CEMETERY OR CREMATORY: Mt. Calvary Cem
24D. LOCATION (City, town, or county) (State): Cedar Hill Md

DATE RECEIVED BY LOCAL REGISTRAR: AUG 3 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Mrs Hatie R. Williams
ADDRESS: 322 N. Schroeder St.

VS 150

930300 0 0 6 7 7 0

13B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-653
51 6788

CERTIFICATE CORRECTED 8-16-51

BALTIMORE CITY HEALTH ~~DEPARTMENT~~

CERTIFICATE OF DEATH

Registered No. 51 6788

BIRTH NO.

1. NAME OF DECEASED (Type or Print): CLARA BRYANT

2. DATE OF DEATH: July 31, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
~~741 W. Lexington St~~
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 741 W. Lexington Street

4-02

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: August 10, 1914
9. AGE (In years last birthday): 36
If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Fields
14. MOTHER'S MAIDEN NAME: Lizzie ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Henry Bryant
ADDRESS: 741 W. Lex. St.

MEDICAL CERTIFICATION

18. 023X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Syphilitic aortitis

~~DUE TO~~

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Bronchopneumonia

DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from:* natural causes [X], accident [ ], suicide [ ], homicide [ ], undetermined [ ].

23A. SIGNATURE: Stanley B. Dunlacker M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: August 1, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-4-1951
24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn Cem.
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 3 1951
REGISTRAR'S SIGNATURE: Lucille Williams, M.D.
25. FUNERAL DIRECTOR: Mrs Katie R. Williams
ADDRESS: 322 N.

VS 151

5 720 8A 6777 30D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct (age is especially important. Physicians: please write the causes of death clearly and legibly.

B 650

51 6789

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6789

1. NAME OF DECEASED (Type or Print): Ola Brown

2. DATE OF DEATH: 8-1-51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Balto.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 469 Cummings Court

11-04

5. SEX: F
6. COLOR OR RACE: negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: 1880
9. AGE (In years last birthday): 70 — If Under 1 Year: Months Days; If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Anderson Co. S.C
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Charles Brown — ADDRESS: 469 Cummings Ct

MEDICAL CERTIFICATION

18. 443X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebrovascular accident — INTERVAL BETWEEN ONSET AND DEATH: 34 hrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive Cardiovascular Disease

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 31, 1951, *to* Aug 1, 1951, *that I last saw the deceased alive on* Aug 1, 1951, *and that death occurred at* 6 05 *m., from the causes and on the date stated above.*

23A. SIGNATURE: T. Kennedy Skipton M. D.
23B. ADDRESS: University Hospital
23C. DATE SIGNED: Aug. 1, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-4-1951
24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn Cem.
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 3 1951
REGISTRAR'S SIGNATURE: Hunter Jon Williams, M.D.
25. FUNERAL DIRECTOR: Mrs Katie R. Williams
ADDRESS: 322 N Schroeder St

VS 150

931

1951 0006770

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-452

51 6790

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6790

BIRTH NO.

1. NAME OF DECEASED (Type or Print): CLINKSCALES, OSCAR

2. DATE OF DEATH: 7-31-51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hosp.
C. Length of stay in Baltimore: life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 507 N. Carey St.

18-026

5. SEX: M
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: August 1909
9. AGE (In years last birthday): 41
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: gen
11. BIRTHPLACE (State or foreign country): South Carolina
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Will Clinkscales
14. MOTHER'S MAIDEN NAME: Alice —

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Margaret Clinkscales ADDRESS 507 N. Carey St.

MEDICAL CERTIFICATION

18. 452X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Intracerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 24 hr.

DUE TO

ANTECEDENT CAUSES

(B) Cerebral aneurysm

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 7-30-51
19B. MAJOR FINDINGS OF OPERATION: Anterior cerebral aneurysm - right
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-20, 1951, *to* 7-31, 1951, *that I last saw the deceased alive on* 7-31, 1951, *and that death occurred at* 5 00 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: Henry E. Langenfelder M. D.
23B. ADDRESS: University Hosp.
23C. DATE SIGNED: 7-31-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-2-1951
24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn Cem.
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 3 1951
REGISTRAR'S SIGNATURE: [illegible] for Williams M.D.
25. FUNERAL DIRECTOR: Mrs. Katie R. Williams
ADDRESS: 322 N. Schroeder St.

VS 150

72059

96

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

640

51 6791

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6791

1. NAME OF DECEASED (Type or Print): HARRY LEROY CARROLL

2. DATE OF DEATH: Aug. 1, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 705 Dolphin Street
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 705 Dolphin Street

17-03

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 13, 1891
9. AGE (In years last birthday): 60 — If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10B. KIND OF BUSINESS OR INDUSTRY: Post Office
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Nathan Carroll
14. MOTHER'S MAIDEN NAME: Sarah Owens

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Yes — (If yes, give war or dates of service): World 1
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Julia Carroll — ADDRESS: 705 Dolphin Street

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

151X

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma - Liver + Stomach

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: Was a patient at Johns Hopkins Hospital & Inst. age
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/14, 1951, *to* 8/1, 1951, *that I last saw the deceased alive on* 8/1, 1951, *and that death occurred at* 12:45 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE: B. M. Rhetta Sr. M. D.
23B. ADDRESS: 2134 Druid Hill Ave
23C. DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/4/1951
24C. NAME OF CEMETERY OR CREMATORY: Arbutus Mem. Pk.
24D. LOCATION (City, town, or county) (State): Baltimore Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 3 1951
REGISTRAR'S SIGNATURE: Lucille Williams, M.D.
25. FUNERAL DIRECTOR: Holland Funeral Home — ADDRESS: 1631 Druid Hill Avenue

VS 150

39090 10006780 46B

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-51 200 6792

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6792

BIRTH NO.

1. NAME OF DECEASED (Type or Print): WILLIAM JESSE COX

2. DATE OF DEATH: Aug. 1, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1911 McCulloh Street
C. Length of stay in Baltimore: 50 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1911 McCulloh Street

14-03

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Louise
8. DATE OF BIRTH: July 22, 1883
9. AGE (In years last birthday): 68 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chef
10B. KIND OF BUSINESS OR INDUSTRY: Hotel
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Martin Cox
14. MOTHER'S MAIDEN NAME: Martha Gaskins
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No.
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Louise Cox — ADDRESS: 1911 McCulloh St.

MEDICAL CERTIFICATION

18. 443X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) Myocardial Failure

DUE TO

(B) Hypertensive Cardio-Vascular Disease.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 27, 1951, *to* Aug 1, 1951, *that I last saw the deceased alive on* Aug 1, 1951 *and that death occurred at* 9:05 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Gilbert L. Sawyer M. D.
23B. ADDRESS: 722 N. Fulton Ave
23C. DATE SIGNED: 8-2-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/4/1951
24C. NAME OF CEMETERY OR CREMATORY: Arbutus Memorial Pk.
24D. LOCATION (City, town, or county) (State): Baltimore Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 3 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Holland Funeral Home
ADDRESS: 1631 Druid Hill Avenue

VS 150

75488

93D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

L-520
51 6793

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 6793

1. NAME OF DECEASED (Type or Print): ANNA LANIEWSKA
2. DATE OF DEATH: 8-1-51
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4031 WILKENS AVE.
c. Length of stay in Baltimore: 29 Yrs. Mos. Days
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 25-41
D. STREET ADDRESS (If rural, give location): 4031 WILKENS AVE
5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: Feb 12, 1876
9. AGE (In years last birthday): 75
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): LITHUANIA
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME: SIMON UTKEWICZ
14. MOTHER'S MAIDEN NAME: URSULA UTKEWICZ
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: STEFANIE VASCHUCK ADDRESS: 4013 WILKENS AVE

MEDICAL CERTIFICATION

18. 171X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Cervix — INTERVAL BETWEEN ONSET AND DEATH: 1½ yrs

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Arteriosclerotic C.V. Disease — 10 yrs

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1950, *to* Aug 1, 1951, *that I last saw the deceased alive on* Aug 1, 1951, *and that death occurred at* 2.45 P.m., *from the causes and on the date stated above.*

23A. SIGNATURE: John F. Coolahan M. D.
23B. ADDRESS: 4201 Wilkens Ave
23C. DATE SIGNED: 8/2/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Buried
24B. DATE: 8/4/51
24C. NAME OF CEMETERY OR CREMATORY: HOLY REDEEMER.
24D. LOCATION (City, town, or county) (State): BELAIR RD. MD.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 3 1951
REGISTRAR'S SIGNATURE: Lurington Williams M.D.
25. FUNERAL DIRECTOR: Charles D. Kachuchas
ADDRESS: 103 McHenry St.

VS 150

48a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Herrmann
2921 E. Federal St.

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 6794

1. NAME OF DECEASED (Type or Print): Eugene H. Franz

2. DATE OF DEATH: Aug. 1, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3003 Westfield Avenue
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3003 Westfield Avenue

2705

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Sept. 11, 1896
9. AGE (In years last birthday): 54
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Glenn L. Martin Co.
10B. KIND OF BUSINESS OR INDUSTRY: Purchasing Dept
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Frank
AIRPLANES(4)
14. MOTHER'S MAIDEN NAME: Catherine Snyder

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-03-5275
17. INFORMANT: Mrs. Christina M. Franz, 3003 ADDRESS Westfield

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Lymphosarcoma — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23A. SIGNATURE: Albert C. Herrmann M. D.
23B. ADDRESS: 2921 E. Federal St.
23C. DATE SIGNED: 8-3-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-4-51
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: AUG 3 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Leonard J. Ruck
ADDRESS: 5305 Harford Rd.

VS 150

PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 93 01 3T 0 6 7 8 2 55E

0-416
51 6795

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 6795

1. NAME OF DECEASED (Type or Print): Annie M. Oliver

2. DATE OF DEATH: 8-1-1951

3. PLACE OF DEATH: A. Baltimore City, Maryland — Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3025 Windsor Ave.

C. Length of stay in Baltimore (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 6-01
D. STREET ADDRESS (If rural, give location): 124 N. Decker Ave.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 5-17-1863
9. AGE (In years last birthday): 88 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wisc.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: Annie M. Babcock

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: William Baum — ADDRESS: 124 N. Decker Ave.

MEDICAL CERTIFICATION

18. 4201

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary thrombosis — 15 minutes

DUE TO

ANTECEDENT CAUSES

(B) Coronary arteriosclerosis — unknown

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Senility

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 25, 1951, *to* Aug 1, 1951, *that I last saw the deceased alive on* Aug 1, 1951 *and that death occurred at* 1:15 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Abraham B. Hurwitz M. D.
23B. ADDRESS: 3048 W. North Ave.
23C. DATE SIGNED: Aug. 3, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-4-1951
24C. NAME OF CEMETERY OR CREMATORY: Mt. Carmel
24D. LOCATION (City, town, or county) (State): Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 3 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: John G. Moran
ADDRESS: 3000 E. Baltimore St.

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1951 06783

94a

1-520
51 6796

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 6796

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Rose Anna Lange

2. DATE OF DEATH: 7-31-1951

3. PLACE OF DEATH: A. Baltimore City, Maryland — Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3103 E. Fayette St.

C. Length of stay in Baltimore: Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 6-01
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3103 E. Fayette St.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 1-20-1893
9. AGE (In years last birthday): 58 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George ~~Schwartz~~ Schwartz
14. MOTHER'S MAIDEN NAME: ? ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Benjamin F. Lange, ADDRESS: 3103 E. Fayette St

MEDICAL CERTIFICATION

18. 420.1

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 24 hr.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) hypertensive cardio vas disease — ?

DUE TO

(C) marked obesity — ?

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/31/51, 19__, *to* 7/31/51, 19__, *that I last saw the deceased alive on* 7/31, 19 51 *and that death occurred at* 9³⁰ p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Burton V. Lock MD M. D.
23B. ADDRESS: 2936 E. Balto St
23C. DATE SIGNED: 8/1/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/4/51
24C. NAME OF CEMETERY OR CREMATORY: Oaklawn
24D. LOCATION (City, town, or county) (State): Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 3 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: John A. Moran per H B Lewis
ADDRESS: 3000 E. Baltimore St.

VS 150

1951 0006784 93D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

D-520

51 6797

51 6797

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): Eleanor Hunt Owings

2. DATE OF DEATH: 8-2-51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wheeler Nursing Home 1700 N. Park Ave.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1700 N. Park Ave.

14-01

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: May 21, 1873
9. AGE (In years last birthday): 78
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Ellicott City Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas H. Hunt
14. MOTHER'S MAIDEN NAME: Vachel Linthicum

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Wm. B. Owings
ADDRESS: Ellicott City, Md.

MEDICAL CERTIFICATION

18. 420.0

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) Hypertensive arteriosclerotic heart disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Generalized arteriosclerosis

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept., 1949 *to* Aug., 1951, *that I last saw the deceased alive on* 7/3, 1951, *and that death occurred at* 3:15 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Allen L. Speed III M. D.
23B. ADDRESS: 11. E. Chase St.
23C. DATE SIGNED: 8/3/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-4-51
24C. NAME OF CEMETERY OR CREMATORY: St. Johns
24D. LOCATION (City, town, or county) (State): Ellicott City, Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 3 1951
REGISTRAR'S SIGNATURE: Curtis Williams, M.D.
25. FUNERAL DIRECTOR: F. C. Higinbothom
ADDRESS: Ellicott City, Md.

VS 150

1951 10 006785

93D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

120
REA150840
51 6798

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 6798

1. NAME OF DECEASED (Type or Print): George Davis

2. DATE OF DEATH: July 30, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Avenue
C. Length of stay in Baltimore: 30 years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 909 Hillen Street

5-02

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: ? ?
9. AGE (In years last birthday): 60 Yrs. If Under 1 Year: Months ? Days; If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ?
10B. KIND OF BUSINESS OR INDUSTRY: ?
11. BIRTHPLACE (State or foreign country): Ga.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Davis
14. MOTHER'S MAIDEN NAME: Mattie

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Records: B. C. H. ADDRESS: 4940 Eastern Avenue

MEDICAL CERTIFICATION

18. 442X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 6 days

DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Nephosderosis — 6 weeks

DUE TO

(C) Hypertension — 1 year

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Hypertensive cardio-vascular disease c̄ de compensation — 1 Year

19A. DATE OF OPERATION: ✓
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [redacted] NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-29, 1951 *to* 7-30, 1951, *that I last saw the deceased alive on* 7-30, 1951, *and that death occurred at* 3:30 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: R. S. Wagner M. D.
23B. ADDRESS: 4940 Eastern Avenue
23C. DATE SIGNED: 8-1-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-4-1951
24C. NAME OF CEMETERY OR CREMATORY: Mt Calvary Cem
24D. LOCATION (City, town, or county) (State): Balto Co Md

DATE RECEIVED BY LOCAL REGISTRAR: AUG 3 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Rayner Sanders
ADDRESS: 1312 1412 E. Preston St

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5-560

51 6799

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X Registered No. 51 6799

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Seymour, Rosalie (Rosalie M. Seymour)

2. DATE OF DEATH: 8/2/51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University
C. Length of stay in Baltimore: 37 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Anne Arundel
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Severna Park
D. STREET ADDRESS (If rural, give location): ----

5200

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: August 2, 1951
9. AGE (In years last birthday): 69
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Schoolteacher
10B. KIND OF BUSINESS OR INDUSTRY: Balto. City Public Schools
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: Isaac Van Meter Seymour
14. MOTHER'S MAIDEN NAME: Rosa Tutt
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Louis S. Zimmerman
ADDRESS: Severna Park, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

601X

(A) Anuria — INTERVAL BETWEEN ONSET AND DEATH: 4 days.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hydronephrosis & Hydroureter — 20 years

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: none
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 1, 1951, *to* Aug 2, 1951, *that I last saw the deceased alive on* Aug. 2, 1951, *and that death occurred at* 10:23 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: John W. Bossard M. D.
23B. ADDRESS: University Hospital
23C. DATE SIGNED: Aug 3, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 8 - 6 - 51
24C. NAME OF CEMETERY OR CREMATORY: Lorraine
24D. LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 3 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: John O. Mitchell & Sons, Inc.
ADDRESS: 1900 Eutaw Place

MB Mt 8 51

VS 150

0938V

133B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

510
51 6800

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6800

BIRTH NO.

1. NAME OF DECEASED (Type or Print): John C. Lamb

2. DATE OF DEATH: Aug. 1, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2442 Guilford Ave.
Length of stay in Baltimore: life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: none
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2442 Guilford Ave.

12-03

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: May 12, 1861
9. AGE (In years last birthday): 90 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Postal clerk
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: James A. Lamb
14. MOTHER'S MAIDEN NAME: Mary Jane Conway
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Chauncey D. Lamb — ADDRESS: 335 E. 25th St.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 420.0

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1, 1951 *to* August 1, 1951, *that I last saw the deceased alive on* August 1, 1951 *and that death occurred at* 12:30P *m., from the causes and on the date stated above.*

23A. SIGNATURE: E. Ellsworth Cole M. D.
23B. ADDRESS: 2431 Maryland Ave.
23C. DATE SIGNED: 8-2-51

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 8 - 4 - 51
24C. NAME OF CEMETERY OR CREMATORY: Greenmount
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 3 1951
REGISTRAR'S SIGNATURE: Winterton Williams, M.D.
25. FUNERAL DIRECTOR: John O. Mitchell & Sons, Inc. — ADDRESS: 1900 Eutaw Place
M B Mitchell

VS 150

1951 006788

937

...ADING INK. Every item of information should be ...ully supplied. The ...ially important. Physicians: please write the causes of death clearly and ...ly. correct age is ...

+000

51 6801

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X Registered No. 51 6801

1. NAME OF DECEASED (Type or Print): ALVIN H. SHUE

2. DATE OF DEATH: Aug 3 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Tha 2
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: PENN.
B. COUNTY: V-35
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): YORK
D. STREET ADDRESS (If rural, give location): 221 N. PINE ST.

5. SEX: MALE
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: 1-3-13
9. AGE (In years last birthday): 38 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): PENN.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: WILLIAM M. SHUE
14. MOTHER'S MAIDEN NAME: FLORENCE L. KRAUS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: JOHNS HOPKINS HOSPITAL — ADDRESS:

MEDICAL CERTIFICATION

18. 442X

CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Hypertensive Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 6 years
Arteriolar Nephro Sclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Dissecting Aneurysm

19A. DATE OF OPERATION: ✓
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-26-, 1951, *to* 8-3-, 1951, *that I last saw the deceased alive on* 8-3-, 1951, *and that death occurred at* 5 pm., *from the causes and on the date stated above.*

23A. SIGNATURE: Julius R. Krevans M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED:

24A. BURIAL, ~~CREMATION, REMOVAL (Specify)~~: Burial
24B. DATE: 8/7/51
24C. NAME OF CEMETERY OR ~~CREMATORY~~: Mt. Rose
24D. LOCATION (City, town, or county) (State): York Pa.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 4 - 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm Cook Jr & 2 St. Paul
ADDRESS:

VS 150

1951

30D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legi

526

51 6802

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6802

Registered No.

1. NAME OF DECEASED (Type or Print): Viola May Honiker

2. DATE OF DEATH: 8-2-51

3. PLACE OF DEATH: A. State: Baltimore City, Maryland; B. County: Baltimore City, Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hospital for the women of Md.

C. Length of stay in Baltimore: ? Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Towson 5300

D. STREET ADDRESS (If rural, give location): 317 B E. Joppa Road.

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 10-14-08

9. AGE (In years last birthday): 42

If Under 1 Year: Months / Days

If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Massachusetts

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Joseph Dionne

14. MOTHER'S MAIDEN NAME: Laura La Duc.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No

(If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: ?

17. INFORMANT: Husband (Carl Honiker) ADDRESS: 317 B E. Joppa Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

171 X

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia and ~~Carcinomatosis~~ — INTERVAL BETWEEN ONSET AND DEATH: 6 days.

DUE TO

(b) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: several months.

ANTECEDENT CAUSES

(B) Epidermoid Carcinoma, Cervix uteri — INTERVAL BETWEEN ONSET AND DEATH: More than 10 mos.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH: —

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): —

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?: —

22. I hereby certify that I attended the deceased from July 29, 1951, to Aug. 2, 1951, that I last saw the deceased alive on Aug 2, 1951, and that death occurred at 10 50/a m., from the causes and on the date stated above.

23A. SIGNATURE: Dudley Anderson Shutt Jr. M. D.

23B. ADDRESS: Woman's Hospital

23C. DATE SIGNED: 8-2-51.

24A. BURIAL, CREMATION, REMOVAL (Specify): Cremation

24B. DATE: 8/4/51

24C. NAME OF ~~CEMETERY~~ OR CREMATORY: Green Mount

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: AUG 4 - 1951

REGISTRAR'S SIGNATURE: [illegible]

25. FUNERAL DIRECTOR: Wm. Cook, Inc., ADDRESS: 1217 St. Paul St.

VS 150

1951 0006799 48a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

240

51 6803 51-17078
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 6803
Registered No.

1. NAME OF DECEASED (Type or Print): CARMENA DOREEN VIGIL

2. DATE OF DEATH: 7-31-51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MARYLAND GEN. HOSPITAL
C. Length of stay in Baltimore: 5 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: BALTO.
C. CITY OR TOWN (If outside corporate limits, write Rural and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 1312 BOLTON ST #7

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): NEWBORN
8. DATE OF BIRTH: 7-25-51
9. AGE (In years last birthday): If Under 1 Year: Months; Days: 5; If Under 24 Hours: Hours; Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: RAYMOND G. VIGIL
14. MOTHER'S MAIDEN NAME: QUINTELLA SHORT
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: D H MACPHERSON MD — ADDRESS: MGH.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pneumonia secondary — INTERVAL BETWEEN ONSET AND DEATH: 5 days

DUE TO

ANTECEDENT CAUSES

(B) 15 Congenital Anomalies

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Multiple Congenital Anomalies — 5 days

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): —
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-25-51, 19__, *to* 7-31-51, 19__, *that I last saw the deceased alive on* 7-31-51, 19__, *and that death occurred at* 2:45A *m., from the causes and on the date stated above.*

23A. SIGNATURE: Donald H. MacPherson M. D.
23B. ADDRESS: Maryland Gen. Hosp.
23C. DATE SIGNED: 7-31-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24B. DATE: August 4, 1951
24C. NAME OF CEMETERY OR CREMATORY: Greenmount
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 4 - 1951
REGISTRAR'S SIGNATURE: Martin Williams, M.D.
25. FUNERAL DIRECTOR: Wm. Cook Inc. ADDRESS: 1217 St Paul St.

VS 150

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157M

PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M 320
51 6804

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 6804

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ELIZABETH D. MATTHES

2. DATE OF DEATH: Aug. 2, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1501 N. Regester Street
C. Length of stay in Baltimore: 70 years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1501 Regester Street

8-06

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: July 31, 1866
9. AGE (In years last birthday): 85 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John Scheffel
14. MOTHER'S MAIDEN NAME: unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Miss Lena Matthes — ADDRESS: 1501 N. Regester Street

MEDICAL CERTIFICATION

1B. 331X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Accident — 7 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Generalized arteriosclerosis

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 1950, *to* Aug 2, 1951, *that I last saw the deceased alive on* Aug 1, 1951, *and that death occurred at* 5:00 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: Conrad L. Rutter M. D.
23B. ADDRESS: 1706 N Washington St
23C. DATE SIGNED: 8/3/51

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 8/4/51
24C. NAME OF CEMETERY OR CREMATORY: Baltimore Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 4 1951
REGISTRAR'S SIGNATURE: [illegible], M.D.
25. FUNERAL DIRECTOR: HENRY SANDER & SONS, INC. BALTO., 13, MD.
ADDRESS: Sey P. Sander

VS 150

51 0 0 6 7 9 3

83a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S 530

51 6805
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 6805

1. NAME OF DECEASED (Type or Print): MARGARET M. SCHMIDT
2. DATE OF DEATH: 8-2-51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): UNIVERSITY HOSPITAL
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE, MD.
D. STREET ADDRESS (If rural, give location): 4204 HARFORD TERRACE

9 OK

5. SEX: F
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: Feb. 3, 1882
9. AGE (In years last birthday): 69 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): MARYLAND.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: ROBERT MASSICOT
14. MOTHER'S MAIDEN NAME: MARGARET APPEL

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: 4204 Harford Terrace
Miss Marguerite M. Schmidt

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) — INTERVAL BETWEEN ONSET AND DEATH

(A) INTESTINAL OBSTRUCTION — 4 days.

DUE TO

ANTECEDENT CAUSES

(B) METASTATIC CARCINOMA

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) CARCINOMA OF BREAST

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. METASTASIS — HIP + HUMEROUS

19A. DATE OF OPERATION: 7-28-50
19B. MAJOR FINDINGS OF OPERATION: Scirrhous Adenocarcinoma Advanced
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-26, 1951 *to* 8-2, 1951 *that I last saw the deceased alive on* 8-2, 1951, *and that death occurred at* 11 29 *am., from the causes and on the date stated above.*

23A. SIGNATURE: Hes Reves, Jr. M. D.
23B. ADDRESS: University Hosp.
23C. DATE SIGNED: 8-2-51

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 8/6/51
24C. NAME OF CEMETERY OR CREMATORY: Baltimore cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 4 - 1951
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: HENRY SANDER & SONS, INC.
ADDRESS: BALTO., 13, MD.
Geo. F. Sander

VS 150

1951 000673

50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S 51 530 6806

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6806

BIRTH NO.

1. NAME OF DECEASED (Type or Print): SCHMIDT, MARGARET

2. DATE OF DEATH: AUG 3, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 42 SINAI HOSPITAL
C. Length of stay in Baltimore: Yrs. Mos. Days Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 13-04
D. STREET ADDRESS (If rural, give location): 3412 WOODBROOK AVE

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH: Apr. 7, 1870
9. AGE (In years last birthday): 81 — If Under 1 Year: Months Days — If Under 24 Hours: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Frederick Theis
14. MOTHER'S MAIDEN NAME: Marie Frese
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ?
17. INFORMANT ADDRESS: 3412 Woodbrook Avenue
Mrs. Milton Levinson

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Chronic Myelogenous Leukemia

19A. DATE OF OPERATION: ✓
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* JULY 17, 1951, *to* AUGUST 3, 1951, *that I last saw the deceased alive on* AUGUST 3, 1951, *and that death occurred at* 5:55 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: Erwin Witkin M. D.
23B. ADDRESS: Sinai Hospital
23C. DATE SIGNED: Aug 3, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 8/6/51
24C. NAME OF CEMETERY OR CREMATORY: Trinity Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 4 - 1951
REGISTRAR'S SIGNATURE: Martin Williams, M.D.
25. FUNERAL DIRECTOR: HENRY SANDER & SONS, INC. BALTO., 13, MD.
ADDRESS: Henry J. Sander

VS 150

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74a

PLEASE WRITE PLAINLY, WITH INFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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51 6807

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6807

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): HARRY MEYER

2. DATE OF DEATH: August 3, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1500 E. Lanvale Street
C. Length of stay in Baltimore: 23 years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore,
D. STREET ADDRESS (If rural, give location): 1500 E. Lanvale Street

8-06

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Mar.15,1885
9. AGE (In years last birthday): 66 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheet metal worker
10B. KIND OF BUSINESS OR INDUSTRY: Metal. Mfg.
11. BIRTHPLACE (State or foreign country): Baltimore County, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Meyer
14. MOTHER'S MAIDEN NAME: Mary Rever

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ?
17. INFORMANT: George Meyer (ADDRESS: 217 Oxford Hill Lane, Manoa, Pa.)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Congestive cardio-vascular disease — INTERVAL BETWEEN ONSET AND DEATH: 2 mo.

DUE TO

(B) Chronic myocarditis — 10 yr.

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. —

19A. DATE OF OPERATION: none
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH: no
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* July, 1950, *to* Aug. 2, 1951, *that I last saw the deceased alive on* 8-2, 1951, *and that death occurred at* 6:45 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: G. Wm. Moore M. D.
23B. ADDRESS: 3105 Belair Rd
23C. DATE SIGNED: 8-3-51

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 8/6/51
24C. NAME OF CEMETERY OR CREMATORY: Jerusalem Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 4 - 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: HENRY SANDER & SONS, INC. BALTO., 13, MD.
ADDRESS: Henry B. Sander

VS 150

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93D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-552

51 6808

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X Registered No. 51 6808

1. NAME OF DECEASED (Type or Print): Mary Reninger

2. DATE OF DEATH: 8-2-51

3. PLACE OF DEATH:
A. Baltimore City, Maryland ✓
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lutheran Hospital of md.
C. Length of stay in Baltimore 83 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Baltimore Co.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Catonsville 5300
D. STREET ADDRESS (If rural, give location): 98 Smithwood Ave.

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Feb 26 1868
9. AGE (In years last birthday): 83 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife.
10B. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Peter Reninger
14. MOTHER'S MAIDEN NAME: Ottilia Doppler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Clarence Reninger — ADDRESS: Balt 27
Nephew. 1811 Summit Ave. Halethorpe.

MEDICAL CERTIFICATION

18. 420.1

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) Myocardial Infarction — 7 days
DUE TO
(B) arteriosclerotic + Hypertensive cardio vascular d
DUE TO
(C) Submucosal Hemorrhage of colon, Etiology undetermined — 6 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: ✓
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-2, 1951, *to* 8-2, 1951, *that I last saw the deceased alive on* 8-2, 1951, *and that death occurred at* 2:24 *m., from the causes and on the date stated above.*

23A. SIGNATURE: Guy M. Reeser Jr M. D.
23B. ADDRESS: Lutheran Hosp of md
23C. DATE SIGNED: 8-2-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug. 6/51
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cem
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: AUG 4 - 1951
REGISTRAR'S SIGNATURE: Curtis Williams M.D.
25. FUNERAL DIRECTOR: F. Bliffert & Son
ADDRESS: 1300 Eutaw St. 17

VS 150

93D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

460

51 6809

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6809

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Minnie Fowler

2. DATE OF DEATH: 7/31/1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 538 S. Bentalou St
C. Length of stay in Baltimore: X Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 538 S. Bentalou St

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Dec. 16/1874
9. AGE (In years last birthday): 77 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: at Home
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY: USA
13. FATHER'S NAME: Henry Vogler
14. MOTHER'S MAIDEN NAME: Louise Wahl
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Marie Smith-Same
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary Edema

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertension

DUE TO

(C) Cardiovascular

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) m. OF INJURY
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 2, 1951, *to* July 31, 1951, *that I last saw the deceased alive on* July 31, 1951, *and that death occurred at* 6:30 p m., *from the causes and on the date stated above.*

23A. SIGNATURE: Robert C. Mitchell M. D.
23B. ADDRESS: 2151 W. Lanvale Ave
23C. DATE SIGNED: Aug 2-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug 4/51
24C. NAME OF CEMETERY OR CREMATORY: Port Christ Cem.
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: AUG 4 - 1951
REGISTRAR'S SIGNATURE: Curtis Tom Williams M.D.
25. FUNERAL DIRECTOR: F. B. Wisgerst & Son
ADDRESS: 1300 Eutaw St

VS 150

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931

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Touhey

51 6810
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 6810
Registered No.

1. NAME OF DECEASED (Type or Print): Frank P. Gallagher

2. DATE OF DEATH: August 2, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4006 Parkside Drive
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 4006 Parkside Drive

27-01

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Sept. 1, 1892
9. AGE (In years last birthday): 58 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stone Mason
10B. KIND OF BUSINESS OR INDUSTRY: slef-
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John J. Gallagher
14. MOTHER'S MAIDEN NAME: Mary Murphy
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nokoown) (If yes, give wer or dates of service)
16. SOCIAL SECURITY NO.: 218-05-5313
17. INFORMANT: Mrs. Agnes C. Gallagher, ADDRESS: 4006 Parkside Dr

MEDICAL CERTIFICATION

18. 331X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Hemorrhage
DUE TO
(B) Arteriosclerosis
DUE TO
(C) Hypertension

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CERTIFICATION
D. B. MacFadden, M.D.
Stanley H. Dunbar M.D.
CHIEF OR ASST. MEDICAL EXAMINER

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-2, 1951, *to* 8-2, 1951, *that I last saw the deceased alive on* 8/2/, 1951, *and that death occurred at* 7:50 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Joseph Touhey M. D.
23B. ADDRESS: 441 S. Ellwood Ave
23C. DATE SIGNED: 8/3/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-6-51
24C. NAME OF CEMETERY OR CREMATORY: Baltimore National
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: AUG 4 - 1951
REGISTRAR'S SIGNATURE: Christopher Williams, M.D.
25. FUNERAL DIRECTOR: Leonard J. Ruck
ADDRESS: 5305 Harford Road.

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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51 6811
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 6811
Registered No.

1. NAME OF DECEASED (Type or Print): LARRY TRUITT

2. DATE OF DEATH: Aug 3, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland OSL 6
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: DELAWARE
B. COUNTY: V-07
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LAUREL
D. STREET ADDRESS (If rural, give location): 108 CLAYTON AVE

5. SEX: MALE
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 11-8-08
9. AGE (In years last birthday): 42 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CLERK
10B. KIND OF BUSINESS OR INDUSTRY: ?
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: WILLIAM C. TRUITT
14. MOTHER'S MAIDEN NAME: MARY HASTINGS
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 222-10-5501
17. INFORMANT: JOHNS HOPKINS HOSPITAL — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 5 hr

DUE TO

(B) hypertensive cardiovascular disease — 5 yrs

DUE TO

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 7-25-, 1951, *to* 8-3-, 1951, *that I last saw the deceased alive on* 8-3-, 1951, *and that death occurred at* 4:15 *A.m., from the causes and on the date stated above.*

23A. SIGNATURE: Richard J. Johns, M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 3 Aug 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-6-51
24C. NAME OF CEMETERY OR CREMATORY: M P
24D. LOCATION (City, town, or county) (State): Delmar, Del

DATE RECEIVED BY LOCAL REGISTRAR: AUG 4 - 1951
REGISTRAR'S SIGNATURE: Martin for Williams M.D.
25. FUNERAL DIRECTOR: John C. Milley Inc. — ADDRESS: 2435 E. Oliver St

VS 150

53 0099 6 7 2 2 931

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

525

51 6812

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6812

Registered No.

1. NAME OF DECEASED (Type or Print): Minnie Augusta Johnson

2. DATE OF DEATH: August 2, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ~~XXXXXXXXX~~ St. Joseph's
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 641 S. Curley St.

5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 20, 1888
9. AGE (In years last birthday): 63
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hwfe.
10B. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME
14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 540.0

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Shock — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Bleeding Peptic Ulcer

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug. 2, 1951 *to* Aug. 2, 1951 *that I last saw the deceased alive on* Aug. 2, 1951 *and that death occurred at* 4:30 pm., *from the causes and on the date stated above.*

23A. SIGNATURE: Edward M. Rehak M. D.
23B. ADDRESS: 1400 N. Caroline St.
23C. DATE SIGNED: Aug. 2, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-6-51
24C. NAME OF CEMETERY OR CREMATORY: Oak Lawn
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 4 1951
REGISTRAR'S SIGNATURE: Martin Williams, M.D.
25. FUNERAL DIRECTOR: Lilly & Zeiler, Inc.
ADDRESS: 403 S. Wolfe Street

VS 150

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117a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be c[illegible] only supplied. The correct age is especially important. Physicians: please write the causes of death clearly and le[illegible]y.

L526
51 6813

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6813
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Bessie Mary Lingerman

2. DATE OF DEATH: 8-3-51

3. PLACE OF DEATH:
A. Baltimore City, Maryland Md.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 410 N. Belnord Avenue
C. Length of stay in Baltimore: Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore, Md.
D. STREET ADDRESS (If rural, give location): 410 N. Belnord Avenue

602

5. SEX: F.
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 7-1-87
9. AGE (In years last birthday): 63 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Edward Henninger
14. MOTHER'S MAIDEN NAME: Jennie Black
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Elmer Lingerman ADDRESS: 410 N. Belnord Avenue

MEDICAL CERTIFICATION

18. 191 X

CAUSE OF DEATH | INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Metastatic Carcinoma of Lung
DUE TO
(B)
DUE TO
(C) Epithelioma of Right Eye

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/8, 195/, *to* 8/1, 195/, *that I last saw the deceased alive on* 8/, 195/, *and that death occurred at* 8.40 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE: Chas. F. Chase M. D.
23B. ADDRESS: 3123 Eastern Ave
23C. DATE SIGNED: 8/4/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-7-51
24C. NAME OF CEMETERY OR CREMATORY: Mt. Carmel
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 4 1951
REGISTRAR'S SIGNATURE: Christopher Williams, M.D.
25. FUNERAL DIRECTOR: Lilly & Zeiler
ADDRESS: 403 S. Wolfe Stret

VS 150

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 6814 51 6814

BIRTH NO. 4416

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): Daniel H. Hilbert

2. DATE OF DEATH: August 2, 1951

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3812 Saint Victor St.

C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 25-04
D. STREET ADDRESS (If rural, give location): 3812 Saint Victor St.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 20, 1894
9. AGE (In years last birthday): 57
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Oiler
10B. KIND OF BUSINESS OR INDUSTRY: ---------- REFRACTORY CHEM (?)
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Harry Hilbert
14. MOTHER'S MAIDEN NAME: Margaret /?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): -----
(If yes, give war or dates of service): ------
16. SOCIAL SECURITY NO.: ------
17. INFORMANT: Mrs Mae O. Hilbert
ADDRESS: 3812 St. Victor St

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 420.1

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Artery Disease — INTERVAL BETWEEN ONSET AND DEATH: ?

DUE TO

ANTECEDENT CAUSES

(B) A.S.C.V.D.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 8, 1950, *to* Aug 2, 1951, *that I last saw the deceased alive on* Aug 2, 1951, *and that death occurred at* 8 *m., from the causes and on the date stated above.*

23A. SIGNATURE: Daniel Ehrlich M. D.
23B. ADDRESS: 320 Patapsco Ave
23C. DATE SIGNED: 8/3/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/6/51
24C. NAME OF CEMETERY OR CREMATORY: Holy Cross Cem.
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 5 1951
REGISTRAR'S SIGNATURE: Martha for Williams, M.D.
25. FUNERAL DIRECTOR: John A. Moran
ADDRESS: 3000 E. Baltimore St.

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

56241R Per L.S. 0 2 93D

51 6815

BIRTH NO. R 163

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6815

Registered No.

1. NAME OF DECEASED (Type or Print): John J. Robertson

2. DATE OF DEATH: Aug. 4, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): U.S. Public Health Service Hospital, Baltimore, Md.
C. Length of stay in Baltimore: 39 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Alabama
B. COUNTY: V-01
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bayou la Batre
D. STREET ADDRESS (If rural, give location): Box 1026

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 5/5/1913
9. AGE (In years last birthday): 38 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seaman
10B. KIND OF BUSINESS OR INDUSTRY: Seafaring
11. BIRTHPLACE (State or foreign country): Alabama
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Anthony Robertson
14. MOTHER'S MAIDEN NAME: Mable Brown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): unk. (If yes, give war or dates of service): --
16. SOCIAL SECURITY NO.: unk.
17. INFORMANT: Records, US Public Health Service Hosp. ADDRESS: Balto., Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma, left kidney with widespread metastases — INTERVAL BETWEEN ONSET AND DEATH: at least 13 yrs.

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Nephrectomy (for A) 1938

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 26, 1951 *to* Aug. 4, 1951, *that I last saw the deceased alive on* Aug. 4, 1951 *and that death occurred at* 6:30 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Frederic C Bartter PHS M. D.
23B. ADDRESS: U.S. Public Health Serv. Hospital, Baltimore, Md.
23C. DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: 8/4/51
24C. NAME OF CEMETERY OR CREMATORY: Mobile
24D. LOCATION (City, town, or county) (State): Mobile Ala

DATE RECEIVED BY LOCAL REGISTRAR: AUG 5 1951
REGISTRAR'S SIGNATURE: Carrington Williams, M.D.
25. FUNERAL DIRECTOR: McCord Bros
ADDRESS: 1217 St Paul St

VS 150

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52a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-325 51 6816

51 6816

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Thomas Watson

2. DATE OF DEATH: Aug. 1 - 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland Balto. City
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 608 North Caroline Street
C. Length of stay in Baltimore 30 Yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 5-01
D. STREET ADDRESS (If rural, give location): 608 North Caroline Street

5. SEX: Male
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 31. 1890
9. AGE (In years last birthday): 60 — If Under 1 Year: Months Days — If Under 24 Hours: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Store Keeper
10B. KIND OF BUSINESS OR INDUSTRY: Grocers
11. BIRTHPLACE (State or foreign country): Windsor N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Calvin Watson (N)
14. MOTHER'S MAIDEN NAME: Lila Watford
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Clinton Watson — ADDRESS: 1609 Broadway

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive cardio-vascular renal disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerosis

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 25th of July, 1951, *to* Aug. 1st, 1951, *that I last saw the deceased alive on* July 31, 1951, *and that death occurred at* 1:04 *m., from the causes and on the date stated above.*

23A. SIGNATURE: Morris A. Jones M. D.
23B. ADDRESS: 118 Aisquith st
23C. DATE SIGNED: 8-3-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-5-1951
24C. NAME OF CEMETERY OR CREMATORY: Mt Calvery Cem.
24D. LOCATION (City, town, or county) (State): Brooklyn Md

DATE RECEIVED BY LOCAL REGISTRAR: AUG 5 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Elroy I. Wilson
ADDRESS: 1000 Brantley ave

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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131a

B-2.10 51 6817

51 6817

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): DAVID BOOKOFF

2. DATE OF DEATH: Aug 3, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SINAI HOSPT
C. Length of stay in Baltimore: 39 Yrs. ~~Mos.~~ ~~Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTO. 15-11
D. STREET ADDRESS (If rural, give location): 3533 WHITE CHAPEL RD

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: Nov. 25, 1893
9. AGE (In years last birthday): 57 — If Under 1 Year: Months: Days: — If Under 24 Hours: Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): GROCER
10B. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): RUSSIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: MORRIS (R)
14. MOTHER'S MAIDEN NAME: ROSE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: LENA BOOKOFF — ADDRESS: 3533 White Chapel Rd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Terminal Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 1 month

DUE TO

ANTECEDENT CAUSES

(B) Hypernephroma — 1 yr.

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. None

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/2, 1951, to 8/3, 1951, that I last saw the deceased alive on 8/3, 1951, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE: Joseph Deckelbaum M. D.
23B. ADDRESS: Sinai Hosp.
23C. DATE SIGNED: 8/3/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug 5, 1951
24C. NAME OF CEMETERY OR CREMATORY: Mt. Carmel
24D. LOCATION (City, town, or county) (State): Balto Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 5 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Jack Lewis Inc — ADDRESS: 2100 Eutaw Pl.

VS 150

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52a

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE CORRECTED 8-16-51

51 6818

51 6818

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 0-560

1. NAME OF DECEASED (Type or Print): Eugene G. Connor

2. DATE OF DEATH: August 1, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital
C. Length of stay in Baltimore: 40 years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: ---
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 9-03
D. STREET ADDRESS (If rural, give location): 3618 Elkader Road

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 8/18/1890
9. AGE (In years last birthday): 60
If Under 1 Year: Months: ~~11~~ Days: ~~13~~ Hours: --- Min. ---

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chief of Budget
10B. KIND OF BUSINESS OR INDUSTRY: State of Md.
11. BIRTHPLACE (State or foreign country): Texas, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Michael F. Connor
14. MOTHER'S MAIDEN NAME: Mary Fitzgerald

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): ---- (If yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.: ---
17. INFORMANT: Mrs. Eugene G. Connor - ADDRESS: ~~3616 Elkader Rd~~ 3618 Elkader Rd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 420.1

(A) Coronary Occlusion

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerosis

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/27 *, 1951, to* 8/1 *, 1951, that I last saw the deceased alive on* 7/28 *, 1951, and that death occurred at* 7:20 p *m., from the causes and on the date stated above.*

23A. SIGNATURE: Sol Smith M. D.
23B. ADDRESS: 1223 E North Ave
23C. DATE SIGNED: 8/4/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/6/51
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 5 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: H. H. Meare & Son ADDRESS: 805 N. Calvert St.

VS 150

1 9 5 1 2 5 0 9 2 6 8 0 6

94a

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-420

51 6819 CERTIFICATE CORRECTED 9/7/51 ES X 51 6819

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Lillian Blake

2. DATE OF DEATH: 4 August 51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore: 25 ~~Yrs.~~ ~~Mos.~~ Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Worchester
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Snow Hill
D. STREET ADDRESS (If rural, give location): None

5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~ (Specify): Single
8. DATE OF BIRTH
9. AGE (In years last birthday): 23 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): ~~St~~ Maryland
12. CITIZEN OF WHAT COUNTRY? U.S
13. FATHER'S NAME: George Blake
14. MOTHER'S MAIDEN NAME: Mary Ayers
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: University Hospital ADDRESS: Record

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Sickle cell anemia 642.2 and 292.6

DUE TO

(B) Cerebral thrombosis, post partum

DUE TO

(C) Pre-eclampsia of pregnancy

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

(Delivery about July 13, 1951 at Salisbury, Md.)
from Miss Spence, University H., 9/7/51-ES)

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): No
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 July, 1951, to 4 Aug, 1951, that I last saw the deceased alive on 4 Aug, 1951, and that death occurred at 12^45 pm., from the causes and on the date stated above.

23A. SIGNATURE: James S Browne M. D.
23B. ADDRESS: University Hospital
23C. DATE SIGNED: 4 Aug 51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-8-51
24C. NAME OF CEMETERY OR CREMATORY: Mt Westley Cem
24D. LOCATION (City, town, or county) (State): Snow Hill, Md

DATE RECEIVED BY LOCAL REGISTRAR: AUG 5 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Rayner Sanders ADDRESS: 1412 E Preston St

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(Pre-eclampsia of pregnancy) Information received from State Board of Health

51 6820

A-553

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6820

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): KATHARINE V. AMENT

2. DATE OF DEATH: August 3, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 316 S. Regester Street
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 2-02
D. STREET ADDRESS (If rural, give location): 316 S. Regester Street

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: February 16, 1892
9. AGE (In years last birthday): 59 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Zborowski
14. MOTHER'S MAIDEN NAME: Mary Dombrowski

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): ---
(If yes, give war or dates of service): -0---
16. SOCIAL SECURITY NO.: -----
17. INFORMANT: Mr. James J. Ament, 316 S. Regester Street — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma Large Intestine — INTERVAL BETWEEN ONSET AND DEATH: 2/50

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 4, 1950, to Aug 3, 1951, that I last saw the deceased alive on Aug 2, 1951, and that death occurred at 6:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE: Milton L. Solomon M. D.
23B. ADDRESS: 129 S. Bway
23C. DATE SIGNED: 8/4/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/6/51
24C. NAME OF CEMETERY OR CREMATORY: Holy Rosary
24D. LOCATION (City, town or county): Baltimore (State): Maryland

DATE RECEIVED BY LOCAL REGISTRAR: AUG 6 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: M. F. Sadowski & Sons, 1808 Eastern Avenue — ADDRESS:

VS 150

Chas. D. Sadowski 46E

S-560 51 6821

51 6821

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO.

Registered No.

1. NAME OF DECEASED (Type or Print) Philip Sumner Phillip Benson Sumner

2. DATE OF DEATH August 4, 1951

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Ind.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Evansville

D. STREET ADDRESS (If rural, give location) 4904 Conlin Ave.

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH 3-15-44

9. AGE (In years last birthday) 7

If Under 1 Year: Months Days

If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Allentown Penna.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Richey Sumner

14. MOTHER'S MAIDEN NAME Virginia Dike

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT JOHNS HOPKINS HOSPITAL ADDRESS

MEDICAL CERTIFICATION

18. 447 X

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Chronic Hypertension of unknown etiology

INTERVAL BETWEEN ONSET AND DEATH: 5 years

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-16, 1951, *to* 8-4, 1951, *that I last saw the deceased alive on* 8-4, 1951, *and that death occurred at* 7 55 *m., from the causes and on the date stated above.*

23A. SIGNATURE Robert E. Appleby M. D.

23B. ADDRESS JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED Aug 5, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify) Removal

24B. DATE 8/5/51

24C. NAME OF CEMETERY OR CREMATORY Vincennes Ind.

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR AUG 6 1951

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR William J. Dickson & Sons

ADDRESS North & Penna Ave

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

102

V.S. 153

B-616 51 6822

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6822

Registered No.

1. NAME OF DECEASED (Type or Print): Ralph Brafford

2. DATE OF DEATH: AUG 5 - 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: W. Va.
B. COUNTY: V-45
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Morgantown,
D. STREET ADDRESS (If rural, give location): 599 Southern Ave.

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): S.
8. DATE OF BIRTH: 3-19-32
9. AGE (In years last birthday): 19 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME
14. MOTHER'S MAIDEN NAME: Mary

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: JOHNS HOPKINS HOSPITAL — ADDRESS

MEDICAL CERTIFICATION

18. 572.2

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) UREMIA due to renal shutdown
DUE TO (B) Post-operative Total Colectomy
(B) Ulcerative Colitis c
DUE TO (C) Extreme Malnutrition — 16 months

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 8/2/51
19B. MAJOR FINDINGS OF OPERATION: Edematous Inflamed Large Colon
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-20-, 1951, *to* 8-5-, 1951, *that I last saw the deceased alive on* 8-5-, 1951, *and that death occurred at* 1:30 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Julius R. Krevans M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 8/5/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: Aug-5-1951
24C. NAME OF CEMETERY OR CREMATORY: Grafton, W. Va.
24D. LOCATION (City, town, or county) (State): W. Va.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 6 1951
REGISTRAR'S SIGNATURE: Lucille Williams, M.D.
25. FUNERAL DIRECTOR: William Cook & Son — ADDRESS: 1217 St Paul St

VS 150

1208

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 6823 MACKOSEK X 51 6823

N-222

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): James Mackosek

2. DATE OF DEATH: August 4, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Pa.
B. COUNTY: V-35
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McKees Rocks
D. STREET ADDRESS (If rural, give location): P Martin St.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 8-13-24
9. AGE (In years last birthday): 26 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CLERK
10B. KIND OF BUSINESS OR INDUSTRY: ?
11. BIRTHPLACE (State or foreign country): BEAVER PA
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Edward Mackosek
14. MOTHER'S MAIDEN NAME: Anna Oeslente
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): YES (If yes, give war or dates of service): W W II
16. SOCIAL SECURITY NO.
17. INFORMANT: JOHNS HOPKINS HOSPITAL ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chronic Glomerulo Nephritis — INTERVAL BETWEEN ONSET AND DEATH: 5 years

DUE TO Hypertension & Uremia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-30, 1951, *to* 8-4, 1951, *that I last saw the deceased alive on* 8-4, 1951, *and that death occurred at* 8:07 *m., from the causes and on the date stated above.*

23A. SIGNATURE: Julius R. Krevans M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 8/5/51

24A. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24B. DATE: AUG 5, 1951
24C. NAME OF CEMETERY OR CREMATORY: ELLWOOD CATHOLIC
24D. LOCATION (City, town, or county) (State): ELLWOOD CITY PA

DATE RECEIVED BY LOCAL REGISTRAR: AUG 6 1951
REGISTRAR'S SIGNATURE: Curtis Williams, M.
25. FUNERAL DIRECTOR: ULLRICH FUNERAL HOME ADDRESS: 2008 ORLEANS

VS 150

39099 131a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-243

51 6824

MACLEOD

51 6824

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): Mary Elizabeth S Macleod.

2. DATE OF DEATH: 8/3/51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hosp.
C. Length of stay in Baltimore: Lifetime (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-09
D. STREET ADDRESS (If rural, give location): 1638 E. Coldspring Lane

5. SEX: F
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single.
8. DATE OF BIRTH: Sept 24 1876
9. AGE (In years last birthday): 74
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookkeeper
10B. KIND OF BUSINESS OR INDUSTRY: Sheet Metal
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Donald Macleod (M)
14. MOTHER'S MAIDEN NAME: Martha Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 216-01-0829
17. INFORMANT: Deceased
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Embolization to brain — INTERVAL BETWEEN ONSET AND DEATH: 6 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Subacute Bacterial Endocarditis — ?

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

430.0

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 21, 1951, *to* ~~July~~ Aug 3, 1951, *that I last saw the deceased alive on* Aug 3, 1951, *and that death occurred at* 9 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Grace S. Walton M. D.
23B. ADDRESS: The Union Memorial Hospital
23C. DATE SIGNED: 8-3-1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug 6 1951
24C. NAME OF CEMETERY ~~OR CREMATORY~~: Loudon Park
24D. LOCATION (City, town, or county) (State): Balto. Md

DATE RECEIVED BY LOCAL REGISTRAR: AUG 6 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: H. Menkens & Sons
ADDRESS: 4905 York Rd

VS 150

53/p 30 E 0 6 8 1 2

91a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 6825

620

BIRTH NO. 51-17522

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6825

Registered No.

1. NAME OF DECEASED (Type or Print): CECELIA TUERKE

2. DATE OF DEATH: 8/3/51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HOSPITAL FOR WOMEN OF Md. BALTIMORE Md.
C. Length of stay in Baltimore: Yrs. Mos. Days 2

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: BALTIMORE
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McDONOGH
D. STREET ADDRESS (If rural, give location): LYONS MILL ROAD. 5300

5. SEX: FEMALE
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 8/3/51
9. AGE (In years last birthday): If Under 1 Year: Months; Days 2; If Under 24 Hours: Hours; Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): BALTIMORE MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME: WILLIAM ARNOLD TUERKE III
14. MOTHER'S MAIDEN NAME: ELEANOR KATHRYN SOMERVILLE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mother
ADDRESS: McDONOGH Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) PREMATURITY — INTERVAL BETWEEN ONSET AND DEATH: 48 hours

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) PNEUMONIA — 6 hours

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* August 1, 1951 *to* August 3, 1951, *that I last saw the deceased alive on* August 3, 1951, *and that death occurred at* 10 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: Perry O. Powell Jr. M. D.
23B. ADDRESS: HOSP. FOR WOMEN OF Md. - BALTIMORE Md.
23C. DATE SIGNED: 8-3-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug 6/51
24C. NAME OF CEMETERY OR CREMATORY: Druid Ridge
24D. LOCATION (City, town, or county) (State): Pikesville, Md

DATE RECEIVED BY LOCAL REGISTRAR: AUG 6 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Austin E. Donovan
ADDRESS: 3818 Roland Ave

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

159

51 6826

51 6826

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 51-14421

1. NAME OF DECEASED (Type or Print): Otis Livingston Ensley

2. DATE OF DEATH: 6/28/51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): President Hospital
C. Length of stay in Baltimore: 3 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. 10-01
D. STREET ADDRESS (If rural, give location): 1051 N. Central Ave.

5. SEX: M
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: 6/26/51
9. AGE (In years last birthday): If Under 1 Year: Months: Days: 3; If Under 24 Hours: Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Livingston James Ensley
14. MOTHER'S MAIDEN NAME: Christine Blount
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mother
ADDRESS: See above

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Congenital Heart Disease — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/26, 1951, *to* 6/28, 1951, *that I last saw the deceased alive on* 6/28, 1951, *and that death occurred at* 2:30 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: 1422 E. Fayette St.
23C. DATE SIGNED: 7/16/51

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE:
24C. NAME OF CEMETERY OR CREMATORY: JOHN HOPKINS MEDICAL SCHOOL JUL 23 1951
24D. LOCATION (City, town, or county) (State):

DATE RECEIVED BY LOCAL REGISTRAR: AUG 6 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Commissioner of Health
ADDRESS:

VS 150

157E

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3-620

51 6827

51 6827

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 51-16506

1. NAME OF DECEASED (Type or Print): Mary Victoria Brake

2. DATE OF DEATH: 7/21/51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lutheran Hosp of Md
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto 23 20-03
D. STREET ADDRESS (If rural, give location): 1925 W Lombard St

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: 7/19/51
9. AGE (In years last birthday): If Under 1 Year: Months: Days: If Under 24 Hours: Hours: 36 Min.: 24

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Frisco City Ala
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Quinton Brake
14. MOTHER'S MAIDEN NAME: Mary Gladys Taylor

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mother
ADDRESS: Same

MEDICAL CERTIFICATION

18. 762.5

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) prematurity — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs

DUE TO

(B) atelectasis — 36 hrs.

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/19, 1951, *to* 7/21, 1951, *that I last saw the deceased alive on* 7/21, 1951, *and that death occurred at* 10.45 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: F. P. Weyrauch M. D.
23B. ADDRESS: Lutheran Hospital
23C. DATE SIGNED: 7/24/51

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE:
24C. NAME OF CEMETERY OR CREMATORY: JOHN HOPKINS MEDICAL SCHOOL JUL 26 1951
24D. LOCATION (City, town, or county) (State):

DATE RECEIVED BY LOCAL REGISTRAR: AUG 6 1951
REGISTRAR'S SIGNATURE: Curtis Williams, M.D.
25. FUNERAL DIRECTOR: Commissioner of Health
ADDRESS:

VS 150

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

6815159

-160 51 6828 51 6828

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Pauline S. Laber

2. DATE OF DEATH: August 3, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1936 Grinnalds Avenue
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 25-43
D. STREET ADDRESS (If rural, give location): 1936 Grinnalds Avenue

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: Nov. 3, 1864
9. AGE (In years last birthday): 86 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): never employed
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Laber
14. MOTHER'S MAIDEN NAME: Katherine Streng

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Michael Laber, 1936 Grinnalds Avenue — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Cardiovascular Disease — —

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Bronchopneumonia — 7 days

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH: —
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* — *, 1947, to* Aug 3 *, 1951, that I last saw the deceased alive on* Aug 3 *, 1951, and that death occurred at* 2:30 *A m., from the causes and on the date stated above.*

23A. SIGNATURE: John M. Blayton Jr M. D.
23B. ADDRESS: 625 St. Paul St
23C. DATE SIGNED: Aug 3, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 8/6/51
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: AUG 6 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. Cook, Inc.,
ADDRESS: 1217 St. Paul Street

VS 150

93D

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

462

51 6829

51 6829

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Alice Irene Clark

2. DATE OF DEATH: August 2, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2641 Wilkins Avenue
C. Length of stay in Baltimore (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 20-05
D. STREET ADDRESS (If rural, give location): 2641 Wilkins Avenue

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: June 28, 1897
9. AGE (In years last birthday): 54
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Fanback
14. MOTHER'S MAIDEN NAME: Virginia Lebon

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Charles E. Clark
ADDRESS: 2641 Wilkins Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardio Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: Sudd

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertension, Obesity — (10) years

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1951, *to* Aug 1st, 1951, *that I last saw the deceased alive on* Aug 1, 1951, *and that death occurred at* 11 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Harry Glassman M. D.
23B. ADDRESS: 2687 Mechanic Ave
23C. DATE SIGNED: Aug 3-51

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 8/6/51
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: AUG 6 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. Cook, Inc.
ADDRESS: 1217 St. Paul Street

VS 150

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THESE WRITTEN WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K-625

51 6830

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6830

Registered No.

1. NAME OF DECEASED (Type or Print): Maria Kirchmayer

2. DATE OF DEATH: August 3, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2803 Garrison Boulevard
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Catonsville
D. STREET ADDRESS (If rural, give location): 1451 N. Rolling Road 5300

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: June 1858
9. AGE (In years last birthday): 93 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: George Rukert, ADDRESS: 1451 N. Rolling Road

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: years

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 1, 1948, *to* Aug 3, 1951, *that I last saw the deceased alive on* Aug 3, 1951, *and that death occurred at* 7 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: C. J. Mendelis M. D.
23B. ADDRESS: 651 N Bentalou
23C. DATE SIGNED: 8/3/51

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 8/6/51
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: AUG 6 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. Cook, Inc.
ADDRESS: 1217 St. Paul Street

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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931

M-553

51 6831

51-16139

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6831

Registered No.

1. NAME OF DECEASED (Type or Print): Baby Boy Menendez

2. DATE OF DEATH: 8-4-51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. 14-01
D. STREET ADDRESS (If rural, give location): 120 W. Mosher St. Balto.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED (Specify)~~: Single
8. DATE OF BIRTH: 8-2-51
9. AGE (In years last birthday): If Under 1 Year: Months: Days: 2; Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Mercy Hosp. Balto.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: John A. Menendez
14. MOTHER'S MAIDEN NAME: Rose N. Rega
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Jno. R. Menendez ADDRESS: 2016 W. Mt. Royal Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Heart failure — INTERVAL BETWEEN ONSET AND DEATH: 4 Hrs.

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Mal rotation of lower gut c̄ intestinal obstruction — 2 days

19A. DATE OF OPERATION: 8-3-51
19B. MAJOR FINDINGS OF OPERATION: Malrotation of lower gut, congenital bands.
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-2-51, 19__, *to* Aug 4, 1951, *that I last saw the deceased alive on* Aug 4, 1951, *and that death occurred at* 7:05 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: John A. Stone M.D.
23B. ADDRESS: Mercy Hosp.
23C. DATE SIGNED: 8-4-51

24A. BURIAL, ~~CREMATION, REMOVAL (Specify)~~: Burial
24B. DATE: 8/7/51
24C. NAME OF CEMETERY ~~OR CREMATORY~~: Prospect Hill
24D. LOCATION (City, town, or county) (State): Towson, Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 6 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm Cook Inc. ADDRESS: 127 St. Paul St.

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 0 6 8 1 2 1578

D'460

51 6832

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6832

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Martin O'Leary

2. DATE OF DEATH: AUG 5 - 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland Hal 5

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore, 10-02
D. STREET ADDRESS (If rural, give location): 1029 Mc Keer Ct.

5. SEX: male
6. COLOR OR RACE: white
7. ~~SINGLE, MARRIED~~, WIDOWED, ~~DIVORCED (Specify)~~: Widowed
8. DATE OF BIRTH: 7/29/1883
9. AGE (In years last birthday): 68 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Painter
10B. KIND OF BUSINESS OR INDUSTRY: Painting
11. BIRTHPLACE (State or foreign country): Ireland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Patrick O'Leary
14. MOTHER'S MAIDEN NAME: Ellen Dumphy

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: JOHNS HOPKINS HOSPITAL — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Thrombosis — 30 min
DUE TO
(B) Arteriosclerosis
DUE TO
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Gangrene of the leg

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) m. OF INJURY
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-2- *, 1951, to* 8-5- *, 1951, that I last saw the deceased alive on* 8-5- *, 1951 and that death occurred at* 4:40 P.M. *, from the causes and on the date stated above.*

23A. SIGNATURE: Neil W Brown M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: Aug 5, 1951

24A. BURIAL, ~~CREMATION, REMOVAL (Specify)~~: Burial
24B. DATE: 8/8/51
24C. NAME OF CEMETERY ~~OR CREMATORY~~: Cathedral
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 6 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm Cook Inc. — ADDRESS: 1217 St. Paul St.

VS 150

56424

94a

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 6833

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 6833
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Catharine Perez

2. DATE OF DEATH: Aug 4, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital Inc
C. Length of stay in Baltimore: 15 Yrs. ~~Mos.~~ ~~Days.~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 12-04
D. STREET ADDRESS (If rural, give location): 2129 St. Paul St

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 11/9/1912
9. AGE (In years last birthday): 38
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Shifflett
14. MOTHER'S MAIDEN NAME: Etta Chandler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT
ADDRESS

MEDICAL CERTIFICATION

18. 539.1

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Ulcer of Epidiaphragmatic
DUE TO Diverticula

ANTECEDENT CAUSES

(B) Hemorrage of Ulcer 2 days
DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Heart Failure

19A. DATE OF OPERATION: Aug 4, 1951
19B. MAJOR FINDINGS OF OPERATION: Ulcer in Esophageal Diverticula
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 4, 1951 *to* Aug 4, 1951 *that I last saw the deceased alive on* Aug 4, 1951 *and that death occurred at* 7:10 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: Edward M Lyle M. D.
23B. ADDRESS: Mercy Hospital
23C. DATE SIGNED: Aug 4, 51

24A. BURIAL, ~~CREMATION, REMOVAL~~ (Specify): Burial
24B. DATE: 8/8/51
24C. NAME OF CEMETERY OR CREMATORY: U. S. National
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 6 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm Cook Inc.
ADDRESS: 1217 St. Paul St

VS 150

116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-260

51 6834

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6834

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Edward Watts Booker

2. DATE OF DEATH: Aug. 2, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1212 Riverside Ave.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 24-03
D. STREET ADDRESS (If rural, give location): 1212 Riverside Avenue

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb. 4, 1875
9. AGE (In years last birthday): 76 — If Under 1 Year: Months 6, Days; If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Blacksmith (Retired)
10B. KIND OF BUSINESS OR INDUSTRY: Eastern Trans. Co.
11. BIRTHPLACE (State or foreign country): Queen Ann Co. Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: William T. Booker
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Kendall E. Booker — ADDRESS: 1212 Riverside Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cancer of Stomach — INTERVAL BETWEEN ONSET AND DEATH: 6 Mo.

DUE TO

(B) Cachexia — " "

DUE TO

(C) Generalized

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: July 1951
19B. MAJOR FINDINGS OF OPERATION: Ca of Stomach
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 30, 19 51, *to* 8/2, 19 51, *that I last saw the deceased alive on* 8/2, 19 51 *and that death occurred at* 7 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: [illegible] M. D.
23B. ADDRESS: 107 E. West St.
23C. DATE SIGNED: 8/3/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug. 6, 1951
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: AUG 6 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. Cook, Inc.
ADDRESS: 1217 St. Paul Street

VS 150

46 B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-354

51 6835

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6835

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): CHARLES STANLEY.

2. DATE OF DEATH: 8-4-51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 23-01
D. STREET ADDRESS (If rural, give location): 142 W. HAMBURG St.

5. SEX: M
6. COLOR OR RACE: COLORED
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 4/15/1899
9. AGE (In years last birthday): 52
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stevedore
10B. KIND OF BUSINESS OR INDUSTRY: Stevedore
11. BIRTHPLACE (State or foreign country): Georgia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Yes (If yes, give war or dates of service): W.W I.
16. SOCIAL SECURITY NO.:
17. INFORMANT: Lela Stanley ADDRESS:

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 151 X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Shock. — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) CARCINOMA of Stomach. — 7 wks.

DUE TO

(C) Post. Operative. — 17 hrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 8-3-51
19B. MAJOR FINDINGS OF OPERATION: CARCINOMA Stomach.
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-2, 1951, *to* 8-4, 1951, *that I last saw the deceased alive on* 8-4, 1951, *and that death occurred at* 6 15 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE: J. S. Reeves M. D.
23B. ADDRESS: University Hospital
23C. DATE SIGNED: 8-4-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/8/51
24C. NAME OF CEMETERY OR CREMATORY: Balt. National
24D. LOCATION (City, town, or county) (State): Balt. City

DATE RECEIVED BY LOCAL REGISTRAR: AUG 6 1951
REGISTRAR'S SIGNATURE: Lillington Williams, M.D.
25. FUNERAL DIRECTOR: D. L. Brown & Son
ADDRESS: 108 W Montgomery St

VS 150

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-615 51 6836

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6836
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) DANIEL JAMES WALTER GRIFFIN

2. DATE OF DEATH 4 AUGUST 51

3. PLACE OF DEATH:
A. Baltimore City, Maryland LUTHERAN HOSPITAL
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) LUTHERAN HOSPITAL OF MD.
C. Length of stay in Baltimore 42 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MARYLAND
B. COUNTY BALTIMORE
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE Essex
D. STREET ADDRESS (If rural, give location) 341 TOWSEND Rd. 21 5300

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED
8. DATE OF BIRTH APRIL 16, 1883
9. AGE (In years last birthday) 68 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steel Worker (Retired)
10B. KIND OF BUSINESS OR INDUSTRY steel worker const.
11. BIRTHPLACE (State or foreign country) ENGLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME UNKNOWN TO FAMILY
14. MOTHER'S MAIDEN NAME WHITE HOUSE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 212-05-6922-A
17. INFORMANT Mrs. Francis PARKER ADDRESS 1109 S. Bouldin St.

MEDICAL CERTIFICATION

18. 022X

CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) HEMORRHAGE — INTERVAL BETWEEN ONSET AND DEATH: 5 hours

DUE TO

ANTECEDENT CAUSES

(B) RUPTURED AORTIC ANEURYSM

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO ABDOMINAL

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION NONE
19B. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) NO
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) None
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) —
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. —
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ] —
21F. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* August 2, 1951, *to* August 4, 1951, *that I last saw the deceased alive on* August 4, 1951, *and that death occurred at* 5:10 A *m., from the causes and on the date stated above.*

23A. SIGNATURE William O. Barnett M. D.
23B. ADDRESS LUTHERAN HOSP. BALT. 16
23C. DATE SIGNED 4 August 51

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 8/7/51
24C. NAME OF CEMETERY OR CREMATORY Moreland Memorial Park
24D. LOCATION (City, town, or county) (State) Balto Md.

DATE RECEIVED BY LOCAL REGISTRAR AUG 6 1951
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25. FUNERAL DIRECTOR Lassahn Funeral Home ADDRESS 7401 Belair Rd.

VS 150

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): EDLAVITCH J. MOSES Edlavitch

2. DATE OF DEATH: 4 August 1951

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SINAI HOSPITAL

C. Length of stay in Baltimore: 1 WK. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: FLORIDA
B. COUNTY: V-08
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Miami Beach Florida
D. STREET ADDRESS (If rural, give location): 2313 WICHITA ST.

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: 1889
9. AGE (In years last birthday): 62 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED
10B. KIND OF BUSINESS OR INDUSTRY: Clothing ~~Men~~facturing
11. BIRTHPLACE (State or foreign country): RUSSIA
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Prof. Herman S Edlavitch
14. MOTHER'S MAIDEN NAME: Sarah Fisher

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs Regina Edlavitch — ADDRESS: 1130 Venetian Causeway Miami Beach Fla

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Infarction of the myocardium — INTERVAL BETWEEN ONSET AND DEATH: 12 hr.

DUE TO

ANTECEDENT CAUSES

(B) Probably arteriosclerotic coronary — DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) Thrombosis

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Hypertensive CV disease — Years

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2 AM 4 Aug., 1951 *to* 3 30 AM 4 Aug 1951, *that I last saw the deceased alive on* 4 Aug., 1951 *and that death occurred at* 3 30 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Merrill E. Parella M. D.
23B. ADDRESS: Sinai Hospital, Balto.
23C. DATE SIGNED: 4 Aug 51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug 5, 1951
24C. NAME OF CEMETERY OR CREMATORY: Mickro Kodesh Cong Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: AUG 6 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Sol Levinson Bros
ADDRESS: 1126 W. Northwe

VS 150

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

524 per. Ex Case

51 6838

BIRTH NO. N. Rollins

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6838

1. NAME OF DECEASED (Type or Print): Elaine Singleton

2. DATE OF DEATH: July 31, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission)
A. STATE: Md.
B. COUNTY: 10-01
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1025 Somerset Rd.

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 9-1-49
9. AGE (In years last birthday): 1 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Prince Singleton
14. MOTHER'S MAIDEN NAME: Rosetta Furness

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: JOHNS HOPKINS HOSPITAL — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Encephalopathy

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Ingestion of Lead

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

CERTIFICATION APPROVED BY R. H. Fisher M. D. CHIEF OR ASST. MEDICAL EXAMINER.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 1625 Somerset Rd. 10/1

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): June-July 7 1951 7 m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? Ingestion of lead paint from walls

22. I hereby certify that I attended the deceased from 7-31, 1951, to 7-31, 1951, that I last saw the deceased alive on 7-31, 1951, and that death occurred at 7:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE: Robert M. Phillips
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)
24B. DATE
24C. NAME OF CEMETERY OR CREMATORY: UNIVERSITY MEDICAL SCHOOL AUG 6 1951
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR: AUG 6 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Commissioner of Health
ADDRESS

VS 150 N 966.a To be approved State Vital Statistics 78B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 6839

51 6839

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Walter Edwin Brady

2. DATE OF DEATH: Aug 4, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hosp.
C. Length of stay in Baltimore: Yrs. Mos. Days — Yrs.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 12-02
D. STREET ADDRESS (If rural, give location): 3401 Greenway

5. SEX: M
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 23, 1877
9. AGE (In years last birthday): 74 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired executive
10B. KIND OF BUSINESS OR INDUSTRY: Retired Alemite Lubricat. Co. LUBRICATING EQPT (?)
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edwin S. Brady
14. MOTHER'S MAIDEN NAME: Elizabeth Lambie (Lambdin)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): unknown
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs Flora Brady — ADDRESS: Same

MEDICAL CERTIFICATION

18. 156.1

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Esophageal varices c̄ hemorrhage into G.-I. tract. — ?

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Carcinoma of the liver — ?

DUE TO

(C) Chronic Cholecystitis c̄ Cholelithiasis — ?

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: ?
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 31, 1951, *to* Aug 4, 1951, *that I last saw the deceased alive on* Aug 4, 1951, *and that death occurred at* 10:35 P.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Alfred S. Nelson M. D.
23B. ADDRESS: Union Memorial Hospital Baltimore 18 Maryland
23C. DATE SIGNED: Aug 9 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 8 - 7 - 51
24C. NAME OF CEMETERY OR CREMATORY: Druid Ridge
24D. LOCATION (City, town, or county) (State): Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 6 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: John O. Mitchell & Sons, Inc. — ADDRESS: 1900 Eutaw Place

VS 150

2903D6 827

46F

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

162 51 6840 51 6840

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Charles Jeffries

2. DATE OF DEATH: Aug. 3, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Anne Arundel
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pasadena
D. STREET ADDRESS (If rural, give location): Box 177 5200

5. SEX: male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: 3-7-93
9. AGE (in years last birthday): 58 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor
10B. KIND OF BUSINESS OR INDUSTRY: Labor
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Beverly Jeffries
14. MOTHER'S MAIDEN NAME: Rose Mason
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: JOHNS HOPKINS HOSPITAL | ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Head of Pancreas — INTERVAL BETWEEN ONSET AND DEATH: 7 6 mths

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: July 14, 1951
19B. MAJOR FINDINGS OF OPERATION: Carcinoma of head of pancreas
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/14, 1951 *to* 8/3, 1951, *that I last saw the deceased alive on* 8/3, 1951, *and that death occurred at* 9 10 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Duncan C. McLean M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 8-4-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-8-51.
24C. NAME OF CEMETERY OR CREMATORY: MAGOTHY
24D. LOCATION (City, town, or county) (State): PASADENA, A.A. Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 6 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. A. JACKSON
ADDRESS: 916 PENNA. AVE.

VS 150

97099

469

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-650 51 6841 51-18400

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6841

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Baby Girl Bryan

2. DATE OF DEATH: Aug. 3, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Agnes Caton & Wilkens Ave.
C. Length of stay in Baltimore: 7 days (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: ~~Halethrope~~ Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Baltimore~~ #27 Halethorpe
D. STREET ADDRESS (If rural, give location): 5737 First Ave. 5300

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Baby
8. DATE OF BIRTH: 7/27/51
9. AGE (In years last birthday): If Under 1 Year: Months; Days: 7; If Under 24 Hours: Hours; Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baby
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry Bryan
14. MOTHER'S MAIDEN NAME: Lizzie Whirley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

18. 340.3

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Meningitis + pneumonia

DUE TO

ANTECEDENT CAUSES

(B) Septicemia

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: ✓
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-27, 1951 *to* 8-3, 1951, *that I last saw the deceased alive on* 8-3, 1951, *and that death occurred at* 6:40 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE: Bardinger M. O.
23B. ADDRESS: St. Agnes Hosp
23C. DATE SIGNED: 8-4-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug 6 1951
24C. NAME OF CEMETERY OR CREMATORY: Laudenbach Park
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: AUG 6 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Harry N. Natke
ADDRESS: 4101 Edmondson Ave Balto 29 Md

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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TO BE APPROVED BY THE MEDICAL EXAMINER

BIRTH NO. 51 6842

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 6842

1. NAME OF DECEASED (Type or Print): Shreefer, Frank Jospeh

2. DATE OF DEATH: Aug. 4, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-10
D. STREET ADDRESS (If rural, give location): 707 Beaumont Ave.

5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 12, 1865
9. AGE (In years last birthday): 86 — If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown Clerk
10B. KIND OF BUSINESS OR INDUSTRY: Clothing Mfg.
11. BIRTHPLACE (State or foreign country): Baltimore Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: - Shreefer
14. MOTHER'S MAIDEN NAME: -
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 216-12-2067
17. INFORMANT: Mr. F. Walton East — ADDRESS: 707 Beaumont Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Fat embolism ~~to heart~~

DUE TO

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Comminuted fracture of rt tibia & fibula

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Senility

CERTIFICATION APPROVED BY: Stanley K. Dunbar M.D. — CHIEF OR ASST. MEDICAL EXAMINER

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☑ CAUSE OF DEATH
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 707 Beaumont Ave. 27/10
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): 8-3-1951 P.m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? Patient fell — fell against bed in bedroom

22. *I hereby certify that I attended the deceased from* August 3, 1951 *to* August 4, 1951, *that I last saw the deceased alive on* Aug. 4, 1951 *and that death occurred at* 12:20 P.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Frank L Vanni, M. D.
23B. ADDRESS: 11 E Chase St.
23C. DATE SIGNED: Aug. 4, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/7/51
24C. NAME OF CEMETERY OR CREMATORY: Woodlawn Cem.
24D. LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 6 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Pickney & Sons — ADDRESS: Balto Md.

VS 150

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-255

51 6843

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6843

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Lieut. Granville I. Bozman

2. DATE OF DEATH Aug. 3, 1951

3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lutheran

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland. B. COUNTY Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 16-05

D. STREET ADDRESS (If rural, give location) 2408 Calverton Hts Ave.

5. SEX M.

6. COLOR OR RACE W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed.

8. DATE OF BIRTH Jan. 15, 1870

9. AGE (In years last birthday) 81

If Under 1 Year: Months Days

If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Police Lieut.

10B. KIND OF BUSINESS OR INDUSTRY Balto. City.

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John R. Bozman

14. MOTHER'S MAIDEN NAME Louise Shore

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Mr. Gordon Bozman ADDRESS 2423 Harlem Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Heart Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

420.0

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 25, 1951, *to* Aug 3, 1951, *that I last saw the deceased alive on* Aug 3, 1951, *and that death occurred at* 10:14 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE [signature] M. D.

23B. ADDRESS Lutheran Hosp.

23C. DATE SIGNED Aug 4, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 8/7/51

24C. NAME OF CEMETERY OR CREMATORY Western Cem.

24D. LOCATION (City, town, or county) (State) Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR AUG 6 1951

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR Wm. J. Tickner & Sons ADDRESS Balto Md.

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 6844

BIRTH NO. H-630

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6844

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): ROBERT HOWARD

2. DATE OF DEATH: August 3, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15-04
D. STREET ADDRESS (If rural, give location): 1910 Pulaski Street

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): D
8. DATE OF BIRTH: 2/25/1898
9. AGE (In years last birthday): 53
If Under 1 Year: Months: Days:
If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stevedore
10B. KIND OF BUSINESS OR INDUSTRY: Local 858
11. BIRTHPLACE (State or foreign country): Northumberland Co. Va.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Henry J. Howard
14. MOTHER'S MAIDEN NAME: Caroline Jackson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 216-07-0920

17. INFORMANT: Mary Rowe
ADDRESS: 806 Carrollton Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic Cardiovascular Disease

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: R S Fisher M.D.
23B. CHIEF MEDICAL EXAMINER [X]
ASSISTANT MEDICAL EXAMINER [ ]
MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: 8/3/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/7/51
24C. NAME OF CEMETERY OR CREMATORY: Mt Auburn
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 6 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Geo. G. Kelson
ADDRESS: 1303 Pleasant St.

VS 151

94055 Geo. G. Kelson 93D

51 6845 51 6845

M. 620

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 3698

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mamie Morris MORRIS

2. DATE OF DEATH 8-2-51

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1124 Whatcoat St.

C. Length of stay in Baltimore Yrs. Mos. Days Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY 16-02

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore City

D. STREET ADDRESS (If rural, give location) 1124 Whatcoat St.

5. SEX Female

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 3-15-1881

9. AGE (In years last birthday) 70 If Under 1 Year: Months Days If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife

10B. KIND OF BUSINESS OR INDUSTRY Own home

11. BIRTHPLACE (State or foreign country) Baltimore Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Mamie Upshur

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT Frances B. Morris ADDRESS 1124 Whatcoat St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 32 days

DUE TO

ANTECEDENT CAUSES

(B) Arteriosclerosis — unknown

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-1, 1951, *to* 8-2, 1951, *that I last saw the deceased alive on* 8-1, 1951, *and that death occurred at* 2 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE Frank A. Saunders M. D.

23B. ADDRESS 1029 N. Stricker St

23C. DATE SIGNED 8-3-51

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE August 6, 1951

24C. NAME OF CEMETERY OR CREMATORY Laurel Cemetery.

24D. LOCATION (City, town, or county) (State) Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR AUG 6 1951

REGISTRAR'S SIGNATURE Martin for Williams, M.D.

25. FUNERAL DIRECTOR Mrs Katie R. Williams ADDRESS 322 N. Schroeder St

VS 150

83a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-300 51 6846

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6846

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Ida Mae W. Scott.

2. DATE OF DEATH: August 2, 1951.

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 929 Pierce St.
C. Length of stay in Baltimore: Life. Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore.
D. STREET ADDRESS (If rural, give location): 929 Pierce St.. 18-01

5. SEX: Female
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 6, 1892
9. AGE (In years last birthday): 59 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife.
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Williams.
14. MOTHER'S MAIDEN NAME: Calmilla ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Milton Scott. ADDRESS: 929 Pierce St.

MEDICAL CERTIFICATION

18. 442x

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Hemorrhage — 8 hrs
DUE TO
(B) Hypertensive cardiovascular — ?
DUE TO
(C) Renal disease

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1951, *to* Aug 2, 1951, *that I last saw the deceased alive on* Aug 2, 1951, *and that death occurred at* 11:45 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: H. Garland Chiswell M. D.
23B. ADDRESS: 902 W. Franklin
23C. DATE SIGNED: 8-6-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug. 6, 1951
24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 6 1951
REGISTRAR'S SIGNATURE: Victor Williams, M.D.
25. FUNERAL DIRECTOR: Mrs Katie R. Williams
ADDRESS: 322 N. Schroeder St

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5 1 0 0 6 8 3 4 1 3 1 a

A. 416

51 6847

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 6847

Registered No.

1. NAME OF DECEASED (Type or Print): Peter Albrect

2. DATE OF DEATH: 8/5/51

3. PLACE OF DEATH:
A. Baltimore City, Maryland ✓
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South Baltimore General Hospital
Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 606 N. Calvert St.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): D
8. DATE OF BIRTH: 3/6
9. AGE (In years last birthday): 78
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Grocery Clerk.
10B. KIND OF BUSINESS OR INDUSTRY: General Store
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY? U S A.
13. FATHER'S NAME: Frederick Albrect
14. MOTHER'S MAIDEN NAME: Kunig Umda
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unkoowo): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Frederick Fitch
ADDRESS: 24 W. Elm Ave

MEDICAL CERTIFICATION

18. 560.4

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Atelectasis of Lt. lung
DUE TO Hypostatic pneumonia Rt.

ANTECEDENT CAUSES

(B) Diaphragmatic Hernia
DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION ✓
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/8/51, 19__, *to* 8/5/51, 19__, *that I last saw the deceased alive on* 8/5/51, 19__. *and that death occurred at* 11:45 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Yung-Tsing Wong M. D.
23B. ADDRESS: 1213 Light Street
23C. DATE SIGNED: 8/6/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/7/51
24C. NAME OF CEMETERY OR CREMATORY: St Matthews. Cem.
24D. LOCATION (City, town, or county) (State): Balto Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 6 1951
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Lassalen Funeral Home
ADDRESS: 401 Belair Rd.

VS 150

122a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 6848 X 51 6848

BIRTH NO. K-623

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): ROSE A. KIRKWOOD

2. DATE OF DEATH: Aug. 5, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South Baltimore General Hospital
C. Length of stay in Baltimore: 44 Years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dundalk
D. STREET ADDRESS (If rural, give location): 3 Yorkway 5300

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 10, 1907
9. AGE (In years last birthday): 44 — If Under 1 Year: Months Days — If Under 24 Hours: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10B. KIND OF BUSINESS OR INDUSTRY: Florist shop
11. BIRTHPLACE (State or foreign country): France
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Leon Frances (R)
14. MOTHER'S MAIDEN NAME: Louise Boudou
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: John H. Kirkwood — ADDRESS: 3 Yorkway 22

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 190X

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Melanoma, generalized.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-4-1951, 19__, *to* 8-5-1951, 19__, *that I last saw the deceased alive on* 8-5-1951, 19__ *and that death occurred at* 5 30 pm *m., from the causes and on the date stated above.*

23A. SIGNATURE: Yung-tsing Wong M. D.
23B. ADDRESS: South Baltimore General Hospital
23C. DATE SIGNED: 8-5-1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug. 6, 1951
24C. NAME OF CEMETERY OR CREMATORY: Meadow Ridge Cemetery
24D. LOCATION (City, town, or county) (State): Dorsey, Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 6 1951
REGISTRAR'S SIGNATURE: Winfield Williams, M.D.
25. FUNERAL DIRECTOR: Ullrich Funeral Home — ADDRESS: 2008 Orleans St.

VS 150

3906R 51 000683653

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 6849

51 6849

BIRTH NO. H-200

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): Jessie Hicks

2. DATE OF DEATH: August 4, 1951

3. PLACE OF DEATH: A. Baltimore City, Maryland Hal 2 8

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore: 11 Yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 5-02
D. STREET ADDRESS (If rural, give location): 1126 Law St.

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1-5-07
9. AGE (In years last birthday): 43
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: In General
11. BIRTHPLACE (State or foreign country): Va
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John H. Hicks
14. MOTHER'S MAIDEN NAME: Cealy Robinson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: JOHNS HOPKINS HOSPITAL
ADDRESS:

MEDICAL CERTIFICATION

18. 539.1

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Perforation of thoracic esophagus (Spontaneous)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 8-4-51
19B. MAJOR FINDINGS OF OPERATION: Negative Exploratory Laparotomy
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-4, 1951, *to* 8-4, 1951, *that I last saw the deceased alive on* 8-4, 1951, *and that death occurred at* 10 10P m., *from the causes and on the date stated above.*

23A. SIGNATURE: Warren A. Cohen, Jr. M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 8-5-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/8/1951
24C. NAME OF CEMETERY OR CREMATORY: Red House Cem.
24D. LOCATION (City, town, or county) (State): Red House Virginia

DATE RECEIVED BY LOCAL REGISTRAR: AUG 8 1951
REGISTRAR'S SIGNATURE: [illegible] for Williams, M.D.
25. FUNERAL DIRECTOR: Elroy O. Wilson
ADDRESS: 1008 Brantly Ave

VS 150

97099

116

Dr. Sawyer

51 6850

BIRTH NO. G 6 1 6

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6850

Registered No.

1. NAME OF DECEASED (Type or Print): Mary C. Garber

2. DATE OF DEATH: Aug. 5. 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4703 Hampnett Avenue
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-06
D. STREET ADDRESS (If rural, give location): 2820 Hamilton Avenue

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Feb. 2. 1865
9. AGE (In years last birthday): 86 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ironville, Pa.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Hiram Lockard
14. MOTHER'S MAIDEN NAME: Barbara Hougendoubler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Anna Powl, ADDRESS: 2820 Hamilton Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

157X

(A) Carcinoma of Pancreas — INTERVAL BETWEEN ONSET AND DEATH: 1 year

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar. 1, 1951, *to* Aug 5, 1951, *that I last saw the deceased alive on* Aug 4, 1951, *and that death occurred at* 5 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: George Sawyer M. D.
23B. ADDRESS: 4808 Harford Rd.
23C. DATE SIGNED: 8/6/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-8-51
24C. NAME OF CEMETERY OR CREMATORY: Mountville Cem.
24D. LOCATION (City, town, or county) (State): Mountville, Pa.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 6 1951
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Leonard J. Ruck, ADDRESS: 5305 Harford Road.

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1951 006830 469

51 6851

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6851

Registered No.

BIRTH NO. L-220

1. NAME OF DECEASED (Type or Print): William B. Lucas

2. DATE OF DEATH: Aug 3, 1951.

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1520 Retreat St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 13-03
D. STREET ADDRESS (If rural, give location): 1520 Retreat St.

c. Length of stay in Baltimore: 35 yrs. (Yrs. Mos. Days)

5. SEX: Male
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married.
8. DATE OF BIRTH: 3/28/1883
9. AGE (In years last birthday): 68
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Porter
10B. KIND OF BUSINESS OR INDUSTRY: City Health Dept.
11. BIRTHPLACE (State or foreign country): Westmoreland Co. Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Lucas
14. MOTHER'S MAIDEN NAME: Margaret Liggetts

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No.
(If yes, give war or dates of service): -
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Martha Lucas
ADDRESS: 1520 Retreat St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma - stomach — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

DUE TO

(B)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/23, 1951, to 8-3, 1951, that I last saw the deceased alive on 8/1, 1951, and that death occurred at 3:05 p.m., from the causes and on the date stated above.

23A. SIGNATURE: [signature]
23B. ADDRESS: PETER BROWNE, M. D. 1516 EAST MADISON ST. BALTIMORE, MD.
23C. DATE SIGNED: 8-4-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/7/51
24C. NAME OF CEMETERY OR CREMATORY: Arbutus Memorial Park
24D. LOCATION (City, town, or county): Balto. (State): Md.

DATE RECEIVED BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE: Huntington Phillips, M.D.
25. FUNERAL DIRECTOR: Robert L. Young
ADDRESS: 1532 E. Monument St

VS 150

780 585 0 0 0 6 8 3 0

46 B

PLEASE WRITE LEGIBLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 6852

51 6852

BIRTH NO. B-620

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print) Mr Frank Baroch

2. DATE OF DEATH 8-3-51

3. PLACE OF DEATH: A. Baltimore City, Maryland Bon Secours Hos

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bon Secours Hospital

C. Length of stay in Baltimore 81 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY ~~Baltimore~~

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore

D. STREET ADDRESS (If rural, give location) 2516 E Preston St 18 8-63

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) —

8. DATE OF BIRTH 11 5 68

9. AGE (In years last birthday) 82

If Under 1 Year: Months Days

If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor

10B. KIND OF BUSINESS OR INDUSTRY retired

11. BIRTHPLACE (State or foreign country) Czechoslovakia

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME Michael Baroch

14. MOTHER'S MAIDEN NAME Josephine Bruha

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Mrs Fabey ADDRESS 1604 E. 28th. Balt.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary Edema (Terminal) — INTERVAL BETWEEN ONSET AND DEATH: 7-9-51 to 8-3-51

DUE TO

ANTECEDENT CAUSES

(B) Fracture of Hip

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

CERTIFICATION APPROVED BY William Wood M.D. CHIEF OR ASST. MEDICAL EXAMINER

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Arteriosclerosis - marked

19A. DATE OF OPERATION July 17, 1951

19B. MAJOR FINDINGS OF OPERATION Fracture of left hip

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 2516 E. Preston St., Baltimore, Md. 8/3

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) July 8, 1951, 7 p.m. m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR? Fell from front door into living room - Slipped fell to floor

22. I hereby certify that I attended the deceased from 7-9-51, 1951, to 8-3, 1951, that I last saw the deceased alive on 8, 3, 1951, and that death occurred at 7.30 pm., from the causes and on the date stated above.

23A. SIGNATURE [illegible] M. D.

23B. ADDRESS Bon-Secours Hospital.

23C. DATE SIGNED 8/3/51

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 8/7/51

24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery

24D. LOCATION (City, town, or county) (State) 4430 Belair Rd. Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR AUG 6

REGISTRAR'S SIGNATURE [illegible]

25. FUNERAL DIRECTOR Schimunek Funeral Home, Inc. ADDRESS 2601-3-5 E. Madison St.

VS 150

N820.0

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5 1 0 6 8 4 9 8 6a

51 6853

BIRTH NO. B-450

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6853

Registered No.

1. NAME OF DECEASED (Type or Print): GUS BOYLEN

2. DATE OF DEATH: August 3, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Franklin Square Hospital
C. Length of stay in Baltimore: 5 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 110 E. Montgomery Street 22.01

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married?
8. DATE OF BIRTH:
9. AGE (In years last birthday): 54 — If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook
10B. KIND OF BUSINESS OR INDUSTRY: Restaurant
11. BIRTHPLACE (State or foreign country): Greece
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No.
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Drivers Licence ADDRESS:

MEDICAL CERTIFICATION

18. 422.1

CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* inspection & inquiry *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

Autopsy, Inspection or Inquiry

23A. SIGNATURE: Stanley H. Dunlaclin M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: August 4, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-7-51
24C. NAME OF CEMETERY OR CREMATORY: Greek Cemetery
24D. LOCATION (City, town, or county) (State): Windsor Mill Rd

DATE RECEIVED BY LOCAL REGISTRAR: AUG 6 1951
REGISTRAR'S SIGNATURE: Lurlington Williams
25. FUNERAL DIRECTOR: Lambros Inc ADDRESS: 440 E. North ave

VS 151

754 6M 93D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 6854

BIRTH NO. R-520

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X Registered No. 51 6854

1. NAME OF DECEASED (Type or Print): Mrs Wilma Ring

2. DATE OF DEATH: 8-4-1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Agnes Hospital
C. Length of stay in Baltimore: LIFE (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arbutus
D. STREET ADDRESS (If rural, give location): 5300 -27

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 2-11-1890
9. AGE (In years last birthday): 61
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seem.
10B. KIND OF BUSINESS OR INDUSTRY: Howard Cleaners
11. BIRTHPLACE (State or foreign country): Maryland ~~Germany~~
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Julius Holtman (Scenario Tailor Shop)
14. MOTHER'S MAIDEN NAME: Mary Seibert

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 212-12-2457
17. INFORMANT: Howard R. Ring — ADDRESS: Halethorpe Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Massive Cerebral Hemmorhage — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

(B) Cerebral Sclerosis

DUE TO

(C) Essential Hypertension

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/3, 1951, *to* 8/4, 1951, *that I last saw the deceased alive on* 8/4, 1951, *and that death occurred at* 10:10 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: John C. Ealy M. D.
23B. ADDRESS: St Agnes Hosp
23C. DATE SIGNED: 8-4-51

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: Aug. 8, 1951
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 6 1951
REGISTRAR'S SIGNATURE: [illegible] for Registrar, Md.
25. FUNERAL DIRECTOR: J. J. Cambria, Jr. — ADDRESS: 1328 Druid Park Lake Ave.

VS 150

643.8C

0 0 6 8 4 2

83a

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 6855

BIRTH NO. C-200

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6855

Registered No.

1. NAME OF DECEASED (Type or Print): Evelyn J. Cockey

2. DATE OF DEATH: Aug. 4th. 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Baltimore
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1205 St. Paul St.
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1205 ST. Paul St. 11-01

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 4-23-1865
9. AGE (In years last birthday): 86 — If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): N, C
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: George A. Johnston
14. MOTHER'S MAIDEN NAME: Mary Garrason
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Covington W. Cockey
ADDRESS: 1205 St. Paul St

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 420.0

(A) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 15 yrs.

DUE TO

ANTECEDENT CAUSES

(B) Senility — 15 yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. —

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1st, 1947, to Aug 4th, 1951, that I last saw the deceased alive on July 1, 1951, and that death occurred at 3 45 p.m., from the causes and on the date stated above.

23A. SIGNATURE: A. S. Oberhurst M. D.
23B. ADDRESS: 6210 York Rd.
23C. DATE SIGNED: Aug 6, 51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-7-1951
24C. NAME OF CEMETERY OR CREMATORY: St. Mary's Govans
24D. LOCATION (City, town, or county) (State): Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 6 1951
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: John A Moran
ADDRESS: 3000 E. Baltimore St.

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 06813 937

51 6856

B-526

51 6856

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 51-17588

1. NAME OF DECEASED (Type or Print): Boy Bancroft

2. DATE OF DEATH: 8-6-51

3. PLACE OF DEATH:
A. Baltimore City, Maryland Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lutheran Hospital of Maryland, Inc.
C. Length of stay in Baltimore: 8 days (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 13-07
D. STREET ADDRESS (If rural, give location): 4011 Hickory Ave.

5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: 7-30-51
9. AGE (In years last birthday): If Under 1 Year: Months: Days: 8; If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10B. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: John Bancroft
14. MOTHER'S MAIDEN NAME: Jacqueline Gritz

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

18. 756.1

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bronchopneumonia + Pulmonary Congestion - Inanition — 2 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Rectal Atresia — 8 days.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 7/31/51
19B. MAJOR FINDINGS OF OPERATION: Rectal Atresia imperforate anus
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): no
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/30, 1951, *to* 8/6, 1951, *that I last saw the deceased alive on* 8/6, 1951, *and that death occurred at* 7:05 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: William O Bonnett M. D.
23B. ADDRESS: Lutheran Hosp. Md.
23C. DATE SIGNED: 8/6/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug 7/51
24C. NAME OF CEMETERY OR CREMATORY: Lorraine Park
24D. LOCATION (City, town, or county) (State): Windsor Mill Rd Md

DATE RECEIVED BY LOCAL REGISTRAR: AUG 6 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Austin E. Brosnan
ADDRESS: 3818 Poland Ave.

VS 150

1951 06844 1579

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 6857 51 6857

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. D-263 Registered No.

1. NAME OF DECEASED (Type or Print): Helen T. Dougherty
2. DATE OF DEATH: 8/5/51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 909 E. Preston Street
C. Length of stay in Baltimore: 74 Yrs. 11 Mos. 18 Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 909 E. Preston Street 10-01

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: 8/7/1876
9. AGE (In years last birthday): 74 — If Under 1 Year: Months 11, Days 18 — If Under 24 Hours: Hours -, Min. -

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? -----

13. FATHER'S NAME: William Dougherty
14. MOTHER'S MAIDEN NAME: Mary Greehe

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service): ----------
16. SOCIAL SECURITY NO.: -----
17. INFORMANT: Joseph Dougherty — ADDRESS: 909 E. Preston St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 420.1 I

(A) Cerebral emboli — INTERVAL BETWEEN ONSET AND DEATH: 2 days

DUE TO

ANTECEDENT CAUSES

(B) Sclerosis of coronary vessels — Time ?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) General arterio sclerosis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Senility

19A. DATE OF OPERATION: NONE
19B. MAJOR FINDINGS OF OPERATION: 0
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH: NO ACCIDENT
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 2, 1949 *to* Aug. 5, 1951, *that I last saw the deceased alive on* Aug. 5, 1951, *and that death occurred at* 11 AM *m., from the causes and on the date stated above.*

23A. SIGNATURE: B. Kelly, M.D. M. O.
23B. ADDRESS: 100 N. Linwood Ave
23C. DATE SIGNED: Aug. 6 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/7/51
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: AUG 7 1951
REGISTRAR'S SIGNATURE: Acting for Commissioner, Md.
25. FUNERAL DIRECTOR: H. W. Meers and Son — ADDRESS: 805 N. Calvert St

VS 150

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1951 0 0 6 8 4 5 94a

N-352

51 6858

X

51 6858

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Lucille Whittington

2. DATE OF DEATH: Aug 6, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland Ped. H.L.H. Ross
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Anne Arundel
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Galesville
D. STREET ADDRESS (If rural, give location): 5200

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Child
8. DATE OF BIRTH: 8-3-51
9. AGE (In years last birthday): If Under 1 Year — Months: Days: 3 — If Under 24 Hours — Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Glen W Whittington
14. MOTHER'S MAIDEN NAME:
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: JOHNS HOPKINS HOSPITAL — ADDRESS:

MEDICAL CERTIFICATION

18. 776X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Prematurity

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-4-, 1951, *to* 8-6-, 1951, *that I last saw the deceased alive on* 8-6-, 1951, *and that death occurred at* 10:30 a *m., from the causes and on the date stated above.*

23A. SIGNATURE: David S. Spence M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug 7 1951
24C. NAME OF CEMETERY OR CREMATORY: Quaker
24D. LOCATION (City, town, or county) (State): Galesville Md

DATE RECEIVED BY LOCAL REGISTRAR: AUG 7 1951
REGISTRAR'S SIGNATURE: Carrington Williams M.D.
25. FUNERAL DIRECTOR: T A Hardesty & Son — ADDRESS: Galesville Md

VS 150

1951 0206846

159

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3-532 51 6859

BIRTH NO. 51-16254

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 6859

1. NAME OF DECEASED (Type or Print): William Lee Bundick

2. DATE OF DEATH: 7/23/51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lutheran Hospp of Md
C. Length of stay in Baltimore: 7 Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto 23 20-02
D. STREET ADDRESS (If rural, give location): 2550 Lauretta Ave

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: 7/16/51
9. AGE (In years last birthday): If Under 1 Year: Months: Days: 7; If Under 24 Hours: Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto Md
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: William Orval Bundick
14. MOTHER'S MAIDEN NAME: Rose Marie Ruggiero
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: mother
ADDRESS: Same

MEDICAL CERTIFICATION

18. 762.5

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) prematurity — INTERVAL BETWEEN ONSET AND DEATH: 7 days

DUE TO

(B) atelectasis — 7 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 7/16, 1951, *to* 7/23, 1951, *that I last saw the deceased alive on* 7/23, 1951, *and that death occurred at* 9:22 *a.m., from the causes and on the date stated above.*

23A. SIGNATURE: Francis P. Wagman M. D.
23B. ADDRESS: Lutheran Hospital
23C. DATE SIGNED: 7/25/51

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE:
24C. NAME OF CEMETERY OR CREMATORY: JOHN HOPKINS MEDICAL SCHOOL
24D. LOCATION (City, town, or county) (State): JUL 26 1951.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 7 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR:
ADDRESS:
Commissioner of Health

VS 150

159

51 6860

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6860

Registered No.

BIRTH NO. 51-15338

BABY BOY

1. NAME OF DECEASED (Type or Print): Infant of Mildred Dunton

2. DATE OF DEATH: 7-11-51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Provident Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days 42

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 19-02
D. STREET ADDRESS (If rural, give location): 1404 Born Court

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Infant
8. DATE OF BIRTH: 7-8-51
9. AGE (In years last birthday): If Under 1 Year: Months / Days 4 / If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY? ✓

13. FATHER'S NAME: Robert Dunton
14. MOTHER'S MAIDEN NAME: Mildred Mills

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT
ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 761.0

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Aspiration Pneumonia

DUE TO

ANTECEDENT CAUSES

(B) (Ruptured membranes

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Placenta Previa in Motion)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/8, 1951, *to* 7/11, 1951, *that I last saw the deceased alive on* 7/11, 1951, *and that death occurred at* 4:30 p. m., *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: Provident Hospital
23C. DATE SIGNED: 7/17/51

24A. BURIAL, CREMATION, REMOVAL (Specify)
24B. DATE
24C. NAME OF CEMETERY OR CREMATORY: JOHN HOPKINS MEDICAL SCHOOL
24D. LOCATION (City, town, or county) (State): JUL 23 1951

DATE RECEIVED BY LOCAL REGISTRAR: AUG 7 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR
ADDRESS
Commissioner of Health

VS 150

160c

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

A-200

51 6861

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6861

1. NAME OF DECEASED (Type or Print): George L. Haas

2. DATE OF DEATH: 8-6-51

3. PLACE OF DEATH: A. Baltimore City, Maryland — Md

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 30 N. Curley Street

C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore, Md.
D. STREET ADDRESS (If rural, give location): 30 N. Curley Street 6-01

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 11-23-78
9. AGE (In years last birthday): 76 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Tin Mill
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY? Usa.

13. FATHER'S NAME: ? ?
14. MOTHER'S MAIDEN NAME: ? ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Frances Haas — ADDRESS: 30 N. Curley Street

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 15, 1951, *to* Aug 6, 1951, *that I last saw the deceased alive on* Aug 6, 1951, *and that death occurred at* 1:45 p m., *from the causes and on the date stated above.*

23A. SIGNATURE: Charles B. MacMinn M. D.
23B. ADDRESS: 2900 E. Baltimore St.
23C. DATE SIGNED: Aug 6, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-9-51
24C. NAME OF CEMETERY OR CREMATORY: Holy Rosary
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR: AUG 7 1951
REGISTRAR'S SIGNATURE: Huston Williams, M.D.
25. FUNERAL DIRECTOR: Lilly & Zeiler, Inc. 403 S. Wolfe Street — ADDRESS: Baltimore Md

VS 150

PLEASE WRITE LEGIBLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

9 Doc Lilly & Zeiler INC 12B

R-150

51 6862

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6862

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): GERTRUDE RUBIN

2. DATE OF DEATH: 8-6-51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Levindale Aged Home
C. Length of stay in Baltimore: 45 Yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-20
D. STREET ADDRESS (If rural, give location): 6807 Gist Avenue

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: 1880
9. AGE (In years last birthday): 71 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Isaac Sapperstein
14. MOTHER'S MAIDEN NAME: Baila ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs Mollie Greenberg — ADDRESS: 6807 Gist Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Uremia

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-28, 1941, *to* 8-6, 1951, *that I last saw the deceased alive on* 8-6, 1951, *and that death occurred at* 4 p m., *from the causes and on the date stated above.*

23A. SIGNATURE: Henry Nagel M. D.
23B. ADDRESS: Levindale Home
23C. DATE SIGNED: 8-6-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/7/51
24C. NAME OF CEMETERY OR CREMATORY: Greater Balto. Lodge
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: AUG 7 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Sol. Levinson & Bro.
ADDRESS: 1124-26 W. North Ave.

VS 150

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1951 0006850 107

G-431

51 6863

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 6863
Registered No.

1. NAME OF DECEASED (Type or Print): Bessie Freedman Goldberg

2. DATE OF DEATH: August 5, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3706 Nortonia Road
C. Length of stay in Baltimore: 65 Yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15-11
D. STREET ADDRESS (If rural, give location): 4005 Grantley Road

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: 1876
9. AGE (In years last birthday): 75 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10B. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Poland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Pesach Freedman
14. MOTHER'S MAIDEN NAME: Devorah Solomon
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs Albert Fleischmann — ADDRESS: Marriotsville Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 30 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) General Arteriosclerosis — 10 yrs.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 6, 1951, *to* Aug. 5, 1951, *that I last saw the deceased alive on* Aug. 5, 1951, *and that death occurred at* 1:30 p *m., from the causes and on the date stated above.*

23A. SIGNATURE: B. A. Gilman M. D.
23B. ADDRESS: Tuesday Sundays Oft
23C. DATE SIGNED: 8/6/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug 8, 1951
24C. NAME OF CEMETERY OR CREMATORY: Bnai Israel Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore Maryland

DATE RECEIVED BY LOCAL REGISTRAR: AUG 7 1951
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Sol Levinson & Bros W Northave — ADDRESS: 1126

VS 150

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

83a

1.2 20 51 6864

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6864

Registered No.

BIRTH NO. 51-15950

1. NAME OF DECEASED (Type or Print): Louis Joseph Vacek III

2. DATE OF DEATH: 7-17-51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maryland General Hospital.
C. Length of stay in Baltimore: one Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Beto #1 Md Rural
D. STREET ADDRESS (If rural, give location): Box 316 - Rt. 14, 530 Md.

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Newborn
8. DATE OF BIRTH: 7-16-51
9. AGE (In years last birthday): If Under 1 Year: Months / Days; If Under 24 Hours: Hours 30 / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Louis Joseph Vacek Jr.
14. MOTHER'S MAIDEN NAME: Anna Marie Elsie

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Atelectasis Neonatorum

DUE TO

(B) Prematurity.

DUE TO

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): —
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-16-51, 19__, *to* 7-17-51, 19__, *that I last saw the deceased alive on* 7-17-51, 19__, *and that death occurred at* 8:15 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Donald H. MacFarlane M. D.
23B. ADDRESS: Maryland Gen. Hosp.
23C. DATE SIGNED: 7-23-51

24A. BURIAL, CREMATION, REMOVAL (Specify)
24B. DATE
24C. NAME OF CEMETERY OR CREMATORY
24D. LOCATION (City, town, or county) (State)

JOHN HOPKINS MEDICAL SCHOOL JUL 25 1951

DATE RECEIVED BY LOCAL REGISTRAR: AUG 7 1951
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR — ADDRESS
Commissioner of Health

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 0006 8152

159

51 6865

51 6865

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 51-14815

1. NAME OF DECEASED (Type or Print): Deborah Jean Rankin

2. DATE OF DEATH: 7/7/51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Providence Hospital
C. Length of stay in Baltimore: Yrs. 4 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. 25-32
D. STREET ADDRESS (If rural, give location): 641 Cheraton Rd.

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Newborn
8. DATE OF BIRTH: 7/4/51
9. AGE (In years last birthday): If Under 1 Year: Months: Days: 4; If Under 24 Hours: Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: James Wilbert Rankin
14. MOTHER'S MAIDEN NAME: Mary Reddin
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mother
ADDRESS: See above

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 762.0

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Atelectasis

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/4 *19*51*, to* 7/7 *, 19*51*, that I last saw the deceased alive on* 7/7 *, 19*51*, and that death occurred at* 2 *A. m., from the causes and on the date stated above.*

23A. SIGNATURE: Stanford P. Musenden M. D.
23B. ADDRESS: 2309 Druid Hill Ave
23C. DATE SIGNED: 7-7-51

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE:
24C. NAME OF CEMETERY OR CREMATORY:
24D. LOCATION (City, town, or county) (State):

JOHN HOPKINS MEDICAL SCHOOL JUL 24 1951

DATE RECEIVED BY LOCAL REGISTRAR: AUG 7 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR:
ADDRESS:

Commissioner of Health

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

161a

R300

51 6866

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6866

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): FREDERICK E. ROTH

2. DATE OF DEATH: August 7, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Essex Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Essex
D. STREET ADDRESS (if rural, give location): 514 Dorsey Avenue

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED
8. DATE OF BIRTH: JULY 24, 1903
9. AGE (In years last birthday): 48
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AIRCRAFT WORKER
10B. KIND OF BUSINESS OR INDUSTRY: G.L.M. Co.
11. BIRTHPLACE (State or foreign country): PA.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: WILSON T. ROTH Airplane (M)
14. MOTHER'S MAIDEN NAME: CAROLINE HOUSEANECHT

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): UNKNOWN (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 171-01-6323
17. INFORMANT: KRAPF & HUGHES ADDRESS: HAZELTON, PA.

MEDICAL CERTIFICATION

18. 420.1

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary artery sclerosis

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* inspection & inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from:* natural causes ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: Stanley K. Dunlaeton M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: August 7, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: AUG. 10, 1951
24C. NAME OF CEMETERY OR CREMATORY: ST. JOHNS CEM.
24D. LOCATION (City, town, or county) (State): LUZURN CO. PA.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 7 1951
REGISTRAR'S SIGNATURE: Martha for Williams M.D.
25. FUNERAL DIRECTOR: H. W. JENKINS & SONS Co. ADDRESS: 4905 YORK RD.

VS 151

PLEASE WRITE LEGIBLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is important. Physicians: please write the causes of death clearly and legibly.

6903T 6851 94a

A-654 51 6867

BIRTH NO. 51-16136

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6867

1. NAME OF DECEASED (Type or Print): Baby boy Arnold

2. DATE OF DEATH: 7-19-51

3. PLACE OF DEATH: A. Baltimore City, Maryland — Balt. City Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sinai Hosp.

C. Length of stay in Baltimore: 15 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2503 Emerald Rd. #14

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):

8. DATE OF BIRTH: 7-19-51

9. AGE (In years last birthday): If Under 1 Year: Months: Days: If Under 24 Hours: Hours: 2 Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Lester

14. MOTHER'S MAIDEN NAME: Pennington

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Immaturity — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: ✓

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-19, 1951, *to* 7-19, 1951, *that I last saw the deceased alive on* 7-19, 1951 *and that death occurred at* 1040a m., *from the causes and on the date stated above.*

23A. SIGNATURE: [illegible] M. D.

23B. ADDRESS: Sinai Hosp.

23C. DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify):

24B. DATE:

24C. NAME OF CEMETERY OR CREMATORY: JOHN HOPKINS MEDICAL SCHOOL

24D. LOCATION (City, town, or county) (State): JUL 24 1951

DATE RECEIVED BY LOCAL REGISTRAR: AUG 7 1951

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR:

ADDRESS:

Commissioner of Health

VS 150

159

1951 0004858

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F-260

51 6868

51 6868

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): EMMA LILLIAN FISHER

2. DATE OF DEATH: AUGUST 6, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland Baltimore Md
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): maryland General Hospital
c. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: maryland COUNTY: 8-01
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore CROSSLAND AVE
D. STREET ADDRESS (If rural, give location): 3610 Crossland Ave;

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: July 29, 1911
9. AGE (In years last birthday): 40 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Dr Jacob Fisher
14. MOTHER'S MAIDEN NAME: stoddard (Ethel G. Stoddard)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT: 3610 Crossland Avenue - 13 (ADDRESS)
Dr. & Mrs Jacob Fisher

MEDICAL CERTIFICATION

18. 570.2

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) mesenteric Embolus

DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Rheumatic Heart disease

DUE TO

(C) peritonitis.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 7/29/51
19B. MAJOR FINDINGS OF OPERATION: mesenteric Embolic obstructed small intestine
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/28, 1951, *to* 8/6/, 1951, *that I last saw the deceased alive on* 8/6/, 1951, *and that death occurred at* 12 54 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Lakeele Bakhair M. D.
23B. ADDRESS: maryland General Hospital
23C. DATE SIGNED: 8/6/51

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 8/9/51
24C. NAME OF CEMETERY OR CREMATORY: Moreland Memorial
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 7 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: HENRY SANDER & SONS, INC. BALTO., 13, MD.
ADDRESS: Henry Sander

VS 150

991

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 6869

H-1616

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6869

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MEINHARD ANTONE HARBERTS

2. DATE OF DEATH: Aug. 3, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kenesaw Nursing Home
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 8-01
D. STREET ADDRESS (If rural, give location): 3342 Elmley Avenue

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 27, 1894
9. AGE (In years last birthday): 57 — If Under 1 Year: Months: Days: — If Under 24 Hours: Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ass't Master Mechanic
10B. KIND OF BUSINESS OR INDUSTRY: Oil Co.
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Gerhardt Harberts (BULLSTA (W))
14. MOTHER'S MAIDEN NAME: ? Seameak
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): yes — (If yes, give war or dates of service): WWI
16. SOCIAL SECURITY NO.: 214-01-4099
17. INFORMANT: Mrs. Hilda Harberts — ADDRESS: 3342 Elmley Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 1 Mo.?

DUE TO

ANTECEDENT CAUSES

(B) Obstruction to ureters — ?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Carcinoma of urinary bladder — ?

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 12, 1951, *to* Aug. 3, 1951, *that I last saw the deceased alive on* Aug. 2, 1951, *and that death occurred at* 2 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Robt. B. Wright M.D.
23B. ADDRESS: M. D. Medical Arts Bldg.
23C. DATE SIGNED: 8/6/51

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 8/7/51
24C. NAME OF CEMETERY OR CREMATORY: Lorraine Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 7 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: HENRY SANDER & SONS, INC. BALTO., 13, MD.
ADDRESS: Geo. F. Sander

VS 150

29066 6857 5212

Please write clearly, with INKPAD, WITH INKPAD INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-200

51 6870

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6870

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): HARRY T. HAGIE (HENRY P. HAGIE, SR.)

2. DATE OF DEATH: August 3, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals
C. Length of stay in Baltimore (Yrs. Mos. Days): Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 26-11
D. STREET ADDRESS (If rural, give location): 3209 Fleet Street

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 21, 1908
9. AGE (In years last birthday): 42 — If Under 1 Year: Months: Days: — If Under 24 Hours: Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steel worker
10B. KIND OF BUSINESS OR INDUSTRY: Beth. Steel Co. Steel Mill
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Henry Hagie
14. MOTHER'S MAIDEN NAME: Catherine Volz
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 213-07-8643
17. INFORMANT: Mrs. Lillian M. Hagie ADDRESS: 3209 Fleet Street

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) E974X

(A) Asphyxiation — INTERVAL BETWEEN ONSET AND DEATH:

DUE TO hanging

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 3209 Fleet Street
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): August 3, 1951 7:00 P.m. (about)
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? Hung himself by snake whip from trapdoor.

22. *I certify that I took charge of the remains described above, held an* inspection & inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☐, *suicide* ☒, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: Stanley K. Durlacher M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: August 4, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 8/7/51
24C. NAME OF CEMETERY OR CREMATORY: Baltimore Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 7 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: HENRY SANDER & SONS, INC. BALTO., 13, MD.
ADDRESS: Benj. F. Sander

VS 151

N-991X 6903A 6850 164a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K 520

51 6871

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6871

BIRTH NO.

1. NAME OF DECEASED (Type or Print): JOHN KNAUSS

2. DATE OF DEATH: August 4, 1951

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Johns Hopkins Hospital

Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-02
D. STREET ADDRESS (If rural, give location): 2909 Arlington Avenue

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 23, 1888
9. AGE (In years last birthday): 62 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Florist
10B. KIND OF BUSINESS OR INDUSTRY: Own Business
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Knauss
14. MOTHER'S MAIDEN NAME: Anna M. Winters

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ?
17. INFORMANT: 2909 Arlington Avenue
Mrs. Lillian M. Knauss

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bullet Wound of Head

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

E 996X

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): STORE
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 323 S. B'way
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): May 9, 1951 m.
21E. INJURY OCCURRED: WHILE AT WORK ☑ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR? Shot self in head.

22. *I certify that I took charge of the remains described above, held an* Autopsy *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☐, *suicide* ☑, *homicide* ☐, *undetermined* ☐.
(Autopsy, Inspection or Inquiry)

23A. SIGNATURE: Stanley H. Dunbar M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☑ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: Aug 5, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 8/8/51
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 7 1951
REGISTRAR'S SIGNATURE: Lester Williams, M.D.
25. FUNERAL DIRECTOR: HENRY SANDER & SONS, INC.
ADDRESS: BALTO., 13, MD.

VS 151

N-853.4 E996R 0 6 8 5 9 164C

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

462 51 6872

ND-139488
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 6872
Registered No.

1. NAME OF DECEASED (Type or Print): Charles Clark Jr.

2. DATE OF DEATH: August 2, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Avenue
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 26-12
D. STREET ADDRESS (If rural, give location): B.C.H. 4940 Eastern Avenue

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug. 1, 1866
9. AGE (In years last birthday): 85 — If Under 1 Year: Months / Days; If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Contractor
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Charles Clark Sr.
14. MOTHER'S MAIDEN NAME: Eliza Clark
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Baltimore City Hospitals Records — ADDRESS: 4940 Eastern Avenue

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma of the stomach — INTERVAL BETWEEN ONSET AND DEATH: over 6 mos
DUE TO
ANTECEDENT CAUSES
(B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-6, 1950, *to* 8-2, 1951, *that I last saw the deceased alive on* 8-2, 1951, *and that death occurred at* 6:10a *m., from the causes and on the date stated above.*

23A. SIGNATURE: G. S. Rogers M. D.
23B. ADDRESS: 4940 Eastern Avenue
23C. DATE SIGNED: 8-4-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/7/51
24C. NAME OF CEMETERY OR CREMATORY: Mt. Calvary.
24D. LOCATION (City, town, or county) (State): Cedar Hill Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 7 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: W. Halstead
ADDRESS: 918 Druid Hill ave.

VS 150

46B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 6873

E-430

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6873

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): JAMES HERBERT ELLIOT

2. DATE OF DEATH: AUGUST 5, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): PROVIDENT HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: City
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 17-02
D. STREET ADDRESS (If rural, give location): 572 - Oxford St.

Length of stay in Baltimore: Yrs. Mos. Days

5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Aug. 1 1914
9. AGE (in years last birthday): 37
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Helper
10B. KIND OF BUSINESS OR INDUSTRY: Plumber
11. BIRTHPLACE (State or foreign country): N. C.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: James McDougald
14. MOTHER'S MAIDEN NAME: Maggie McCallister

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Yes
(If yes, give war or dates of service): W. W. #2
16. SOCIAL SECURITY NO.: 2-6215
17. INFORMANT: James McDougald
ADDRESS: Ave. Alma N.C.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

E982X

(A) Stab wound of chest

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): STREET
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) in front of 572 Oxford St.
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug. 4, 1951, 9:30 p. m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21F. HOW DID INJURY OCCUR? Stabbed in altercation Sharp instrument

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☐, *suicide* ☐, *homicide* ☑ *undetermined* ☐.

23A. SIGNATURE: Stanley K. Dunlacker M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☑ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: August 5, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/7/51
24C. NAME OF CEMETERY OR CREMATORY: Alma, N. C.
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR: AUG 7 1951
REGISTRAR'S SIGNATURE: Lincoln Williams, M.D.
25. FUNERAL DIRECTOR: A. Halstead
ADDRESS: 918 - 97034 Druid Hill Ave. 167

VS 151

N-862.2

51 6874

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6874

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): JAKE JOHNSON

2. DATE OF DEATH: August 4, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 4-02
D. STREET ADDRESS (If rural, give location): 687 ~~Druid~~ VINE Street

Length of stay in Baltimore: Yrs. Mos. Days

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1-?-1905
9. AGE (In years last birthday): 46
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stevedore
10B. KIND OF BUSINESS OR INDUSTRY: Longshoreman
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Amos Johnson
14. MOTHER'S MAIDEN NAME: Amy Harris

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.
17. INFORMANT: William T. Jones — ADDRESS: 7 Fayette St

MEDICAL CERTIFICATION

18. 443 X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral hemorrhage
DUE TO hypertensive cardiovascular disease

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* inspection & inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: Stanley K. Durlacher M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: August 4, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/8/51
24C. NAME OF CEMETERY OR CREMATORY: Mt. Calvary
24D. LOCATION (City, town, or county) (State): Cedar Hill Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 7 1951
REGISTRAR'S SIGNATURE: Emerson Williams, M.D.
25. FUNERAL DIRECTOR: A. J. Halstead — ADDRESS: 918 - Druid Hill Ave

N-300 51 6875

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6875

BIRTH NO.

1. NAME OF DECEASED (Type or Print): WILLIAM WHITE

2. DATE OF DEATH: August 4, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 18-01
D. STREET ADDRESS (If rural, give location): 842 Vine Street

Length of stay in Baltimore: Yrs. Mos. Days

5. SEX: M.
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: ?- ?-1865
9. AGE (In years last birthday): 86 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Contractor
11. BIRTHPLACE (State or foreign country): Va.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* inspection & inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from:* natural causes ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: Stanley H. Dunlaeler M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: August 5, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/8/51
24C. NAME OF CEMETERY OR CREMATORY: Mt. Calvary.
24D. LOCATION (City, town) or county) (State): Cedar Hill Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 7 1951
REGISTRAR'S SIGNATURE: Lawrence Williams M.D.
25. FUNERAL DIRECTOR: A. J. Halstead — 918 — Lanvale Hall ave. 93D
ADDRESS

VS 151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-635

51 6876

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6876

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): GARDNER, William

2. DATE OF DEATH: August 4, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): US Public Health Service Hospital, Baltimore 11, Maryland
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Florida
B. COUNTY: V-08
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Key West
D. STREET ADDRESS (If rural, give location): 832 Johnson Avenue

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: December 22, 1882
9. AGE (In years last birthday): 68
If Under 1 Year: Months | Days
If Under 24 Hours: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: GOVERNMENT
11. BIRTHPLACE (State or foreign country): Bohamma Island
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Richard Gardner
14. MOTHER'S MAIDEN NAME: Georgianna Carey

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Unknown
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: -
17. INFORMANT: Records, US Public Health Service Hosp.
ADDRESS: Baltimore, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

194X

(A) Adenocarcinoma, thyroid with metastasis.

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: Approx. 20 years.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 4, 19 51 *to* August 4, 19 51, *that I last saw the deceased alive on* Aug. 4, 19 51, *and that death occurred at* 9:10 Pm., *from the causes and on the date stated above.*

23A. SIGNATURE: John L. Wilson
John L. Wilson, Medical Director M. D.
23B. ADDRESS: USPHS Hospital, Baltimore, Md.
23C. DATE SIGNED: 8-6-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug. 1951
24C. NAME OF CEMETERY OR CREMATORY: Key West Cemetery
24D. LOCATION (City, town or county) (State): Key West, Florida

DATE RECEIVED BY LOCAL REGISTRAR: AUG 7 1951
REGISTRAR'S SIGNATURE: Lutrington Williams, M.D.
25. FUNERAL DIRECTOR: Overland Funeral Home
ADDRESS: 1631 Druid Hill Ave.

VS 150

97091

55c

PLEASE WRITE, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

D-400

51 6877

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6877

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Hubert Doll

2. DATE OF DEATH: 8/5/51

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sinai Hosp

C. Length of stay in Baltimore: 24 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 25-52
D. STREET ADDRESS (If rural, give location): 1302 Inverness Ave.,

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M

8. DATE OF BIRTH: 11/5/1894

9. AGE (In years last birthday): 56

If Under 1 Year: Months: Days

If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stone Cutter

10B. KIND OF BUSINESS OR INDUSTRY: Memorials

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Katharina Doll ADDRESS: 1302 Inverness Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary Infarction

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Myocardial infarct

DUE TO

(C) ASCVD

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/30, 1951 *to* 8/5, 1951, *that I last saw the deceased alive on* 8/5, 1951 *and that death occurred at* 12:29 p.m. *from the causes and on the date stated above.*

23A. SIGNATURE: Irene Glodb M. D.

23B. ADDRESS: Sinai Hosp

23C. DATE SIGNED: 8/5/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8-8-1951

24C. NAME OF CEMETERY OR CREMATORY: Holy Cross (

24D. LOCATION (City, town, or county) (State): Brooklyn Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 7 1951

REGISTRAR'S SIGNATURE: Hunter Williams, M.D.

25. FUNERAL DIRECTOR: G. Howard Strong ADDRESS: 3207 W. North Ave.,

VS 150

58439 6 8 0 5

93D

PLEASE WRITE WELL, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

D-120 51 6878

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6878

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ELSA DAVIS

2. DATE OF DEATH: August 2, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 715 W. Franklin Street

17-03

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Feb 1 1904
9. AGE (In years last birthday): 47 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Floyd
14. MOTHER'S MAIDEN NAME: Rachel Williams

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs Edna Floyd — ADDRESS: 1 W. B. Street

MEDICAL CERTIFICATION

18. 795.5

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Unknown (extensive putrefaction)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [ ], suicide [ ], homicide [ ], undetermined [X].*

23A. SIGNATURE: William Wood M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: August 2, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE: Aug 7 1951
24C. NAME OF CEMETERY OR CREMATORY: Balto National Ce
24D. LOCATION (City, town, or county) (State):

DATE RECEIVED BY LOCAL REGISTRAR: AUG 7 1951
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Mrs Katie R. Williams — ADDRESS: 322 N. Schroeder St

VS 151

72084 0 6 8 6 6 200c

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

525 51 6879

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6879

1. NAME OF DECEASED (Type or Print): HENRY JOHNSON

2. DATE OF DEATH: August 2, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland Balto. City
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Johns Hopkins Hospital
C. Length of stay in Baltimore: 22 Yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (if rural, give location): 1009 McDonogh Street

7-64

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April-15- 1896
9. AGE (in years last birthday): 55
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hood Carrier
10B. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Stovall N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Hampton Johnson
14. MOTHER'S MAIDEN NAME: Sis Taylor

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 217-05-8219
17. INFORMANT: Fred Malloy
ADDRESS: 1009 McDonough St

MEDICAL CERTIFICATION

18. E 912.3

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Crushed chest

~~DUE TO~~

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Fracture of right tibia and fibula
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Building
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Joppa Road & Dulaney Valley Road
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug. 2, 1951 8:00 A.m.
21E. INJURY OCCURRED: WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR? Cable on a drag bucket broke & fell on deceased

22. *I certify that I took charge of the remains described above, held an* Inspection & Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☒, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: August 2, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/7/1951
24C. NAME OF CEMETERY OR CREMATORY: Mt Calvery Cem.
24D. LOCATION (City, town, or county) (State): Brooklyn Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 7 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Elroy O. Wilson
ADDRESS: 1000 Brantly Ave

VS 151

N-862.2 9 50 1 28 0 6 8 6 7 176

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

To be approved by Medical Examiner

P-626 51 6880

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6880

1. NAME OF DECEASED (Type or Print): George Parker

2. DATE OF DEATH: August 5, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION: ~~2005 Druid Hill Ave.~~ (If not in hospital or institution, give street address or location)
C. Length of stay in Baltimore: ? Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN: Balto. (If outside corporate limits write RURAL and give township) 14-03
D. STREET ADDRESS (If rural, give location): 2005 Druid Hill Ave.

5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH: 1878
9. AGE (In years last birthday): 73 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Ball Chemical Co.
11. BIRTHPLACE (State or foreign country): A. A. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Isaac Parker (M)
14. MOTHER'S MAIDEN NAME: Sallie ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ?
17. INFORMANT: Mollie Green — ADDRESS: 1711 N. Calhoun St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Cardiac Failure

DUE TO

(B) Generalized Arteriosclerosis

DUE TO

(C) Hypertension & Left Vertr. Culer Hypertrophy

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CERTIFICATION APPROVED BY [signature] M.D. CHIEF OR ASST. MEDICAL EXAMINER.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (Give street location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-5 *19*51, *to* 8-5, *19*51, *that I last saw the deceased alive on* —, *19*__, *and that death occurred at* 4:00 *p.m., from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M.D.
23B. ADDRESS: W 23 Druid Hill E
23C. DATE SIGNED: 8/6/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/9/51
24C. NAME OF CEMETERY OR CREMATORY: Adams Chaple
24D. LOCATION (City, town, or county) (State): A. A. Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 7 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Geo. G. Kelson — ADDRESS: 1303 Presstman St.

VS 150

9.70 4R Geo. G. Kelson 95c

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

642

51 6881
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 6881
Registered No.

1. NAME OF DECEASED (Type or Print): John A. Gerlach
2. DATE OF DEATH: 8/5/51

3. PLACE OF DEATH:
A. Baltimore City, Maryland Baltimore
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maryland General Hospital
C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1602 East 31st St. #18

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: August 11, 1867
9. AGE (In years last birthday): 83. If Under 1 Year: Months Days; If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Druggist
10B. KIND OF BUSINESS OR INDUSTRY: Self-Employed
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Johann Gerlach
14. MOTHER'S MAIDEN NAME: Mary Barben

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mrs. Emma Wentze
ADDRESS: 1602 E. 31st St.

MEDICAL CERTIFICATION

18. 331X I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) Right Hemiplegia. — 8 days
DUE TO
(B) Cerebral Hemorrhage — 8 days
DUE TO
(C) —

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/30, 1951, to 8/5, 19__, that I last saw the deceased alive on 8/5, 1951, and that death occurred at 4:25 p. m., from the causes and on the date stated above.

23A. SIGNATURE: Arthur C. Venne M. D.
23B. ADDRESS: Maryland Gen. Hosp.
23C. DATE SIGNED: 8/5/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/8/51
24C. NAME OF CEMETERY: Loudon Park
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: AUG 7 1951
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Am. Cook, Inc.
ADDRESS: 1217 So. Paul Street

VS 150

1951 006869

83a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 6882

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6882
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Thomas Campbell

2. DATE OF DEATH: Aug 6-1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2101 Coldspring Lane
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-15
D. STREET ADDRESS (If rural, give location): 2101 W. Cold. SPR. LA.

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: May 22 1885
9. AGE (In years last birthday): 66
If Under 1 Year: Months | Days
If Under 24 Hours: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Porter
10B. KIND OF BUSINESS OR INDUSTRY: gen
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Campbell
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs Wilfedia Law
ADDRESS: 2413 Etting St

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma of prostate — INTERVAL BETWEEN ONSET AND DEATH: 1 yr
DUE TO

ANTECEDENT CAUSES

(B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* —, 19__, *to* —, 19__, *that I last saw the deceased alive on* —, 19__, *and that death occurred at* 11 a m., *from the causes and on the date stated above.*

23A. SIGNATURE: M R Johnson M. D.
23B. ADDRESS: 403 Medical Bg
23C. DATE SIGNED: 8/6/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug 7 1951
24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: AUG 7 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Montrancis A. Hawley Bidder
ADDRESS: 3780 W

Treated by Dr Jackson in Nursing Home.

7-80159

51B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

656
51 6883

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6883

BIRTH NO.

1. NAME OF DECEASED (Type or Print): SHERMAN B. TURNER

2. DATE OF DEATH: August 6, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Provident Hospital
C. Length of stay in Baltimore: 35 yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1121 N. Monroe Street

16-04

5. SEX: M
6. COLOR OR RACE: C.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: 11-28-1896
9. AGE (In years last birthday): 54 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: ~~Maryland~~ Hyping Cloth Co
11. BIRTHPLACE (State or foreign country): Sterling Va
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Turner
14. MOTHER'S MAIDEN NAME: Louiseanna Brown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 214-16-3653
17. INFORMANT: Mildred I. Beale — ADDRESS: 413 Bennett St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Calcific aortic stenosis — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: Stanley H. Dunlaw M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: August 7, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-10-51
24C. NAME OF CEMETERY OR CREMATORY: Chantilly
24D. LOCATION (City, town, or county) (State): Chantilly Va

DATE RECEIVED BY LOCAL REGISTRAR: AUG 7 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: R. C. Higginbotham — ADDRESS: Ellicott City Md

VS 151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

97 4 G 5 1 0 0 6 8 7 9 2 a

W-552

51 6884
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 6884
Registered No.

1. NAME OF DECEASED (Type or Print): CECILIA WEININGER

2. DATE OF DEATH: August 6, 1951.

3. PLACE OF DEATH:
A. Baltimore City, Maryland 739 S. Ponca St.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
C. Length of stay in Baltimore: Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 26-05
D. STREET ADDRESS (If rural, give location): 739 S. Ponca St.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: January 17, 1872
9. AGE (In years last birthday): 79 — If Under 1 Year: Months Days — If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: House Work
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Weininger
14. MOTHER'S MAIDEN NAME: Barbara

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT: John J. Getz ADDRESS: 739 S. Ponca St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH
DUE TO
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Arteriosclerotic Cardio-
DUE TO
(C) Vascular disease

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 1951 *to* Aug. 6, 1951 *that I last saw the deceased alive on* ____ 19__ *and that death occurred at* 5:00 P.M. *from the causes and on the date stated above.*

23A. SIGNATURE: L B Stevens M. D.
23B. ADDRESS: 3400 Eldman Ave
23C. DATE SIGNED: 8/7/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: August 8 1951
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cemetery
24D. LOCATION (City, town, or county) (State): 4430 Belair Rd. Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 7 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Charles S. Feiler ADDRESS: 901 S. Conkling St.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H 350
51 6885

51 6885

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): IRENE MILNOR HEATON

2. DATE OF DEATH: 8-5-51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 521 East 22nd St.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 9-08
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 521 East 22nd St.

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: 1860
9. AGE (In years last birthday): 91 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10B. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Milnor
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. Page Hayden — ADDRESS: 521 E. 22nd St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Insufficiency — 2 wks
DUE TO
(B) Chronic Myocarditis — 5 yrs
DUE TO
(C) Generalized Arteriosclerosis — 10 yrs

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 25, 1951, *to* Aug 5, 1951, *that I last saw the deceased alive on* Aug. 4, 1951, *and that death occurred at* 10:45 a m., *from the causes and on the date stated above.*

23A. SIGNATURE: Thomas T. White M. D.
23B. ADDRESS: 3809 Greenmount Ave
23C. DATE SIGNED: 8/6/51.

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-7-51
24C. NAME OF CEMETERY OR CREMATORY: Cathedral Cem
24D. LOCATION (City, town, or county) (State): City

DATE RECEIVED BY LOCAL REGISTRAR: AUG 7 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wiedefeld & Son
ADDRESS: WIEDEFELD & SON, GREENMOUNT AVE & 22ND

VS 150

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

235

51 6886

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X

51 6886

Registered No.

1. NAME OF DECEASED (Type or Print): LEINAD R. NICODEMUS

2. DATE OF DEATH: Aug 7, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland Md
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: Carroll
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MIDDLEBURG
D. STREET ADDRESS (If rural, give location): 5600

5. SEX: FEMALE
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 1-30-92
9. AGE (In years last birthday): 59
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Daniel Liebold
14. MOTHER'S MAIDEN NAME: Mary Longenecker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: JOHNS HOPKINS HOSPITAL ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 203 X I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Multiple Myeloma — INTERVAL BETWEEN ONSET AND DEATH: > 11 yrs.
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Infected loop of sigmoid 2° operation for Ca. of colon done yrs. ago — > 2 mons

19A. DATE OF OPERATION: June 22, 1951
19B. MAJOR FINDINGS OF OPERATION: Infection of loop of dist'l end of sigmoid + Adhesions
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-14-, 1951, *to* 8-7-, 1951, *that I last saw the deceased alive on* 8-7-, 1951, *and that death occurred at* 1 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Dudley P. Jackson M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: Aug 7, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-9-51
24C. NAME OF CEMETERY OR CREMATORY: Lenoxa
24D. LOCATION (City, town, or county) (State): Unionville, Md

DATE RECEIVED BY LOCAL REGISTRAR: AUG 7 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Raymond K Wright
ADDRESS: 46 E Ulsey Frederick Md

VS 150

1951 0 2 6

51 6887

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6887
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): EDWARD STORCH

2. DATE OF DEATH: August 6, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home - 1728 Carswell Street
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1728 E. Carswell Street 9-07

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 9, 1873
9. AGE (In years last birthday): 78 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired R.R. Clerk
10B. KIND OF BUSINESS OR INDUSTRY: R.R. Clerk
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): –
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: –
17. INFORMANT: Mrs. Mary Storch
ADDRESS: 1728 Carswell St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Ruptured aneurysm of abdominal aorta

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: William Storch M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: August 9, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-9-51
24C. NAME OF CEMETERY OR CREMATORY: Hebrew Friendship
24D. LOCATION (City, town, or county) (State): Balto. & Conklin Sts.

DATE RECEIVED BY LOCAL REGISTRAR: 8-7-51
REGISTRAR'S SIGNATURE: Lutherton Williams, M.D.
25. FUNERAL DIRECTOR: J. Ahrens & Co.
ADDRESS: 2432 Reisterstown Rd.

VS 151

51 6887 5

30)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5-362

51 6887

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6887
Registered No.

BIRTH NO. EDWARD STORCH

1. NAME OF DECEASED (Type or Print): Edward Storch

2. DATE OF DEATH: Aug. 6 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland 1728 Carswell St

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore ___ Yrs. ___ Mos. ___ Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE
B. COUNTY 1728 Carswell St
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. Md
D. STREET ADDRESS (If rural, give location) 1728 Carswell St

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 9 1873
9. AGE (In years last birthday): 78
If Under 1 Year: Months 3 Days 27
If Under 24 Hours: Hours ___ Min. ___

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: R.R. CLERK

11. BIRTHPLACE (State or foreign country): Balto.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs Mary Storch
ADDRESS: 1728 Carswell St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Insufficiency

DUE TO

(B) Arteriosclerotic Cardio-Vascular Disease

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 1 day

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug. 2, 1951, *to* Aug. 6, 1951, *that I last saw the deceased alive on* Aug 6, 1951, *and that death occurred at* 9:30 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Roy M. Zimmerman M. D.
23B. ADDRESS: 2858 Harford Rd
23C. DATE SIGNED: Aug 6, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Cem
24B. DATE: Aug 9/51
24C. NAME OF CEMETERY OR CREMATORY: Hebrew Friendship
24D. LOCATION (City, town, or county) (State): Balto. Md

DATE RECEIVED BY LOCAL REGISTRAR: AUG 7 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: J. Emory Lee
ADDRESS: 2432 Reisterstown Rd.

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-625
M-622

BIRTH NO. 51-15888

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 6888

1. NAME OF DECEASED (Type or Print): Mitchell Marsonek (MARCISZONEK)

2. DATE OF DEATH: 8/7/51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Avenue
C. Length of stay in Baltimore (Yrs. Mos. Days): life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 3-04
D. STREET ADDRESS (If rural, give location): 1528 Eastern Avenue

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: July 6, 1906
9. AGE (In years last birthday): 45 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Longshoreman
10B. KIND OF BUSINESS OR INDUSTRY: Water front
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Mitchell Marsonek
14. MOTHER'S MAIDEN NAME: Rose ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wer or dates of service)
16. SOCIAL SECURITY NO.: 218-14-9893
17. INFORMANT: Records: B.C.H. ADDRESS: 4940 Eastern Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 443X

(A) Cerebral Hemorrhage-Right — INTERVAL BETWEEN ONSET AND DEATH: 7 Hr.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive Cardio Vascular Disease — 5yrs.

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-14 *19*49, *to* 8-7, *19*51, *that I last saw the deceased alive on* 8-7, *19*51, *and that death occurred at* 2:35AM *m., from the causes and on the date stated above.*

23A. SIGNATURE: R. S. Rogan M. D.
23B. ADDRESS: 4940 Eastern Avenue
23C. DATE SIGNED: 8/7/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: aug. 10 1951
24C. NAME OF CEMETERY OR CREMATORY: Holy Rosary
24D. LOCATION (City, town, or county) (State): Balto. Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 7 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. S. Fialkowski
ADDRESS: 2007 Eastern Ave

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

94055 93 2nd

1951 06876

C-512

51 6889

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6889

1. NAME OF DECEASED (Type or Print): Concetta Ciampaglia

2. DATE OF DEATH: August 4 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland 2803 Garrison Blrd
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Garrison Nursing Home
c. Length of stay in Baltimore 45 Yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 6514 Rosement Ave

27-05

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: December 8 1887
9. AGE (In years last birthday): 63
If Under 1 Year: Months 7, Days 27
If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Larino Italy
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Michele Iamonico
14. MOTHER'S MAIDEN NAME: Angela Maria Di Lena

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Vincenzo Ciampaglia
ADDRESS: 6514 Rosement Ave

MEDICAL CERTIFICATION

18. 4 22.1

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myo. Cardiitis - Endocarditis — INTERVAL BETWEEN ONSET AND DEATH: ?

DUE TO

(B) Palsies General Arteritis — ?

DUE TO

(C) Arteri. Sclerosis — Yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 26, 1951 *to* Aug 4, 1951 *that I last saw the deceased alive on* Aug 3, 1951 *and that death occurred at* 12 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: Herbert H. Foster M. D.
23B. ADDRESS: 2824 St. Paul St
23C. DATE SIGNED: Aug 6-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug. 8 1951
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cemetery
24D. LOCATION (City, town, or county) (State): 4430 Belair Rd.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 7 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Frank Bellar Wood
ADDRESS: 2322 S. High St.

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5106877

927

Samuel Wallace

M 460

51 6890

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X Registered No. 51 6890

1. NAME OF DECEASED (Type or Print): Mr. Martin Mueller

2. DATE OF DEATH: 8/7/51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bon Secours Hospital
C. Length of stay in Baltimore: 7 days (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: New York
B. COUNTY: U.S.A.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Brooklyn
D. STREET ADDRESS (If rural, give location): 6011 7th Avenue

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 10/16/91
9. AGE (In years last birthday): 59 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tailor
10B. KIND OF BUSINESS OR INDUSTRY: Tailor
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Herman Mueller (Self) (By)
14. MOTHER'S MAIDEN NAME: Emma Tabbert

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.

17. INFORMANT: Mr. John Karl Mueller-Forest Ave., Lincoln Park, N.J.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 420.1

(A) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

(B) Coronary Artery Disease

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-1-, 1951, *to* 8-6, 1951, *that I last saw the deceased alive on* 8-7-, 1951 *and that death occurred at* 9.30 Am., *from the causes and on the date stated above.*

23A. SIGNATURE: Louis Ulgarte. M. D.
23B. ADDRESS: Bon-Secours Hospital
23C. DATE SIGNED: 8-7-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24B. DATE: 8/7/51
24C. NAME OF CEMETERY OR CREMATORY: Green Mount Crem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 7 1951
REGISTRAR'S SIGNATURE: Cuthbert Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Vickers & Sons
ADDRESS: Balto., Md.

VS 150

5906E 6 8 7 94a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

T-616

51 6891
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 6891

1. NAME OF DECEASED (Type or Print): MARK J. TREIBER

2. DATE OF DEATH: August 6, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Rural
D. STREET ADDRESS (if rural, give location): 4314 Barrington Road

5300

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: Nov. 28, 1910
9. AGE (In years last birthday): 40
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10B. KIND OF BUSINESS OR INDUSTRY: Telegraph
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Herbert P. Treiber
14. MOTHER'S MAIDEN NAME: Lizzie Sheely

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): yes
(If yes, give war or dates of service): World #2
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. J. H. Treiber
ADDRESS: 4314 Barrington Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary artery sclerosis

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from:* natural causes [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: Stanley N. Dunlacker M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: August 7, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/9/51
24C. NAME OF CEMETERY OR CREMATORY: Balto. National
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 7 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Tickner & Sons
ADDRESS: 94a Balto., Md.

VS 151

39058

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K-620

51 6892
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 6892
Registered No.

1. NAME OF DECEASED (Type or Print): Henrietta Krauss

2. DATE OF DEATH: Aug 5-1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland 12 N. Pulaski St
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —
C. Length of stay in Baltimore: 80 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 20.02
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 12 N. Pulaski St

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 6-8-1871
9. AGE (In years last birthday): 80 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: at Home
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: William Kestner
14. MOTHER'S MAIDEN NAME: Caroline Geldmacher
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Wm. P. Krauss — ADDRESS: 12 N. Pulaski St

MEDICAL CERTIFICATION

18. 443X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral thrombosis

DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Hypertension and arteriosclerotic Cardio-vascular disease

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5 June 1949, *to* 5 August, 1951, *that I last saw the deceased alive on* 5 August, 1951, *and that death occurred at* 4 45 P.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Emil H. Henning Jr M. D.
23B. ADDRESS: 601 Winans Way
23C. DATE SIGNED: 7 Aug 51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug. 8-1951
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: AUG 7 1951
REGISTRAR'S SIGNATURE: Lester Williams, M.D.
25. FUNERAL DIRECTOR: Geo L Beyer Jr — ADDRESS: 1512 Hollins St Balto. 23 Md. 937

VS 150

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. E. H. Henning
601 Winans Way

-500 51 6893

BIRTH NO. 4-65681

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6893

Registered No.

1. NAME OF DECEASED (Type or Print): Roger Lee Lam

2. DATE OF DEATH: Aug 6, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital
C. Length of stay in Baltimore: Lifetime (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 13-07
D. STREET ADDRESS (If rural, give location): 3839 Falls Road

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Dec 13, 1946
9. AGE (In years last birthday): 4 yrs. If Under 1 Year: Months / Days / If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Willi[illegible] P. Lam
14. MOTHER'S MAIDEN NAME: Cleta Williams
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Cleta R. Lam ADDRESS: 3839 Falls Road

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) acute hemorrhagic glomerulonephritis — INTERVAL BETWEEN ONSET AND DEATH: 5 days

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: -
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 2, 1951, *to* Aug 6, 1951, *that I last saw the deceased alive on* Aug 6, 1951, *and that death occurred at* 9:25 P.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Alfred S. Nelson M. D.
23B. ADDRESS: Union Memorial Hosp. Baltimore 18, Maryland
23C. DATE SIGNED: Aug 6, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug 10/51
24C. NAME OF CEMETERY OR CREMATORY: St. Mary's Hampden
24D. LOCATION (City, town, or county) (State): 3900 Roland Ave Md

DATE RECEIVED BY LOCAL REGISTRAR: AUG 8 1951
REGISTRAR'S SIGNATURE: Kingston Williams, M.D.
25. FUNERAL DIRECTOR: Austin E. Donovan ADDRESS: 3818 Roland Ave

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

NOT A MEDICAL EXAMINER'S CASE

B. Fisher M.D.

CHIEF OF ASST. MEDICAL EXAMINER

E 562

51 6894

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6894

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Ivan Emmerich

2. DATE OF DEATH: Aug. 6, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2205 Annapolis Rd.
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 25-33
D. STREET ADDRESS (If rural, give location): 2205 Annapolis Rd..

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 11, 1900
9. AGE (In years last birthday): 51 — If Under 1 Year: Months 6, Days 25; If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bottle Operator
10B. KIND OF BUSINESS OR INDUSTRY: Swindell Brothers GLASS BOTTLES (M)
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Henry J. Emmerich
14. MOTHER'S MAIDEN NAME: Sarah E.. Miller
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 215-09-4249
17. INFORMANT: Florence EE. Emmerich — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Thrombosis — 1 hour
DUE TO

ANTECEDENT CAUSES
(B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. —

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 3, 1950 *to* Aug 6, 1951, *that I last saw the deceased alive on* 8/1, 1951, *and that death occurred at* 10:30 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE: Paul Schmeisser M. D.
23B. ADDRESS: 2301 Annapolis Rd
23C. DATE SIGNED: 8/7/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug 10, 1951
24C. NAME OF CEMETERY OR CREMATORY: London Park
24D. LOCATION (City, town, or county) (State): Baltimore

DATE RECEIVED BY LOCAL REGISTRAR: AUG 8 1951
REGISTRAR'S SIGNATURE: Washington Williams M.D.
25. FUNERAL DIRECTOR: Fred. A. Cole
ADDRESS: 1913 W. Baltimore St

VS 150

69035

94a

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-610

BIRTH NO. 51 6895 51-17696

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6895

1. NAME OF DECEASED (Type or Print): ~~Baby Girl~~ Brophy, COLLEEN ADRIAN

2. DATE OF DEATH: 8-7-51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bon Secours Hospital.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTO. 17 15-02
D. STREET ADDRESS (If rural, give location): 1817 N. Monroe ST.

5. SEX: Female
6. COLOR OR RACE: White -
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: 8-6-51
9. AGE (In years last birthday): If Under 1 Year: Months: Days: If Under 24 Hours: Hours: 22 Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10B. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): BALTO Maryland
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: MAURICE Brophy
14. MOTHER'S MAIDEN NAME: Celeste ~~Brophy~~ Wilson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mr. Maurice Brophy - ADDRESS: 1817 N. Monroe St.

MEDICAL CERTIFICATION

18. 776 X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Premature. - 20 weeks.

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-6 -, 1951, *to* 8-7 -, 1951, *that I last saw the deceased alive on* 8-7 -, 1951, *and that death occurred at* 11 a. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Alberto Gomez M. D.
23B. ADDRESS: 2045 W. Fayette ST.
23C. DATE SIGNED: 8-7-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/8/51
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 8 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Fickner & Sons
ADDRESS: Balto., Md. 159

VS 150

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3-650

51 6896

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6896

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): IRVIN (Ervin) BROWN

2. DATE OF DEATH: August 5, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospital
C. Length of stay in Baltimore: 7 yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 14-02
D. STREET ADDRESS (If rural, give location): 1613 McCulloh Street

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 22, 1921
9. AGE (In years last birthday): 29 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Longshoreman
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Newberry, South Carolina
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: ELIJAH BROWN
14. MOTHER'S MAIDEN NAME: AGNES HUBBARD
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Yes
(If yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.: 247-24-7171
17. INFORMANT: Elijah Brown
ADDRESS: -514 N. Schroeder St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

E929.8

(A) Drowning

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Water
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Pier 3, Canton, foot of Leland Avenue
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug. 5, 1951 12:30 P. m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR?: Drowned while swimming

22. *I certify that I took charge of the remains described above, held an* Partial Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [ ], *accident* [X], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: William V. Scott M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: August 6, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/10/51
24C. NAME OF CEMETERY OR CREMATORY: Baltimore National
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 8 1951
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
28. FUNERAL DIRECTOR: Charles R. Law
ADDRESS: 802 Madison Ave

VS 151

N 990X 94055 6 8 0 1 183

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-563

51 6897

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6897

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): WIMERT Mr. Walter

2. DATE OF DEATH: 8/8/51

3. PLACE OF DEATH:
A. Baltimore City, Maryland: Baltimore
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Church Home & Hosp.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD
B. COUNTY: Carroll
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WESTMINSTER
D. STREET ADDRESS (If rural, give location): 5641

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Jan. 12 1902
9. AGE (In years last birthday): 49
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer Own Farm
10B. KIND OF BUSINESS OR INDUSTRY: retired
11. BIRTHPLACE (State or foreign country): Carroll County
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Wimert
14. MOTHER'S MAIDEN NAME: AGNES OTZ

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 213-05-1353
17. INFORMANT: Mrs. H. Wimert
ADDRESS: Westminster

MEDICAL CERTIFICATION

18. 191X

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) epithelioma with metastasis — INTERVAL BETWEEN ONSET AND DEATH: 9 months

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 5.14.51
19B. MAJOR FINDINGS OF OPERATION: epithelioma of neck
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): natural
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): 4.40 a.m. m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/18/, 1951, *to* 8/8/, 1951, *that I last saw the deceased alive on* 7/8/, 1951, *and that death occurred at* 4.40 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE: R. E. Fullerton M. D.
23B. ADDRESS: Church Home & Hosp.
23C. DATE SIGNED: 8-8-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug 11-51
24C. NAME OF CEMETERY OR CREMATORY: Westminster Cem.
24D. LOCATION (City, town, or county) (State): Westminster Md

DATE RECEIVED BY LOCAL REGISTRAR: AUG 8 1951
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: B Bankard
ADDRESS: New Westminster Md

VS 150

10010

53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

500

51 6898

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6898

1. NAME OF DECEASED (Type or Print): Robert Emmett Schemm

2. DATE OF DEATH: 8/6/51

3. PLACE OF DEATH:
A. Baltimore City, Maryland Balto Hosp
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
C. Length of stay in Baltimore Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Balto
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Md
D. STREET ADDRESS (If rural, give location) 1515 Battery Ave

5. SEX: M.
6. COLOR OR RACE: Br.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 7/17/1905
9. AGE (In years last birthday): 46.
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): City Employee Sanitation
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Balto Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Peter Schemm
14. MOTHER'S MAIDEN NAME: Mary Hart

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs Mrs Taylor ADDRESS

MEDICAL CERTIFICATION

18. 420.0

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: six days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive cardio vascular disease — years

DUE TO

(C) Arteriosclerosis heart disease — years

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 30, 1951, *to* Aug. 6, 1951, *that I last saw the deceased alive on* Aug. 6, 1951 *and that death occurred at* 5:35 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Austin Del Pacupo M. D.
23B. ADDRESS: 1213 Light St. Balto Md
23C. DATE SIGNED: 8-6-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/9/51
24C. NAME OF CEMETERY OR CREMATORY: Cathedral
24D. LOCATION (City, town, or county) (State): on Frederick Rd

DATE RECEIVED BY LOCAL REGISTRAR: AUG 8 1951
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: J. J. Fahey & Son
ADDRESS: 1318 Light St

VS 150

6905G

93D

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

D+500

51 6899

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 6899

1. NAME OF DECEASED (Type or Print): John Dummy

2. DATE OF DEATH: Aug. 7, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hosp.
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore (12)
D. STREET ADDRESS (If rural, give location): 830 Evesham Ave.

5. SEX: Male
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): S
8. DATE OF BIRTH: —
9. AGE (In years last birthday): 71
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Not Known
10B. KIND OF BUSINESS OR INDUSTRY: Not Known
11. BIRTHPLACE (State or foreign country): Not Known
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Not Known
14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 214-14-9599
17. INFORMANT: Mr. Cypall — ADDRESS: 910 Evesham ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 7, 1951, to Aug 7, 1951, that I last saw the deceased alive on Aug 7, 1951, and that death occurred at 6 45 Am., from the causes and on the date stated above.

23A. SIGNATURE: B. R. Bierly M. D.
23B. ADDRESS: 3111 N. Charles St.
23C. DATE SIGNED: Aug 7, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Buried
24B. DATE: 8/8/51
24C. NAME OF CEMETERY OR CREMATORY: Sacred Heart
24D. LOCATION (City, town, or county) (State): Gerrard Hill Rd

DATE RECEIVED BY LOCAL REGISTRAR: AUG 8 1951
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: J. J. Fahey & Sons — ADDRESS:

VS 150

Richard Bloch M.D. Union Memorial Hospital 94a

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-635

51 6900
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 6900
Registered No.

1. NAME OF DECEASED (Type or Print): Mannie G. Bredden (Breeden) SW

2. DATE OF DEATH: 8-7-51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3567 4th Street
C. Length of stay in Baltimore: Yrs. Mos. 6 Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: West Va
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Martinsburg
D. STREET ADDRESS (If rural, give location):

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JUNE 29, 1900
9. AGE (In years last birthday): 51 — If Under 1 Year: Months: Days: — If Under 24 Hours: Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (State or foreign country): JEFFERSON Co. W. VA.
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: (UNKNOWN) COVERT
14. MOTHER'S MAIDEN NAME: LAURA - UNKNOWN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: RICHARD BAKER — ADDRESS: BROOKLYN 3567 FOURTH ST.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardiac Insufficiency — 6 mos.
DUE TO
(B) Arterio-Sclerotic Cardio-Vascular Disease — Unknown
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?:

22. *I certify that I took charge of the remains described above, held an* _____ (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: Robert B. McAdden M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒
23C. DATE SIGNED: 8-7-51

24A. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24B. DATE: AUG. 8, 1951
24C. NAME OF CEMETERY OR CREMATORY: MARTINSBURG
24D. LOCATION (City, town, or county) (State): MARTINSBURG, W. VA.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 8 1951
REGISTRAR'S SIGNATURE: Emile for Williams, M.D.
25. FUNERAL DIRECTOR: Williams Cook Inc. — ADDRESS: 1217 ST. PAUL

VS 151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

931

S-500

51 6901

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X

51 6901

Registered No.

1. NAME OF DECEASED (Type or Print): Karl Sonne

2. DATE OF DEATH: Aug. 6, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): U.S. Public Health Service Hospital, Baltimore 11, Maryland
c. Length of stay in Baltimore: Yrs. Mos. 3 Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Pennsylvania
B. COUNTY: V-35
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Philadelphia
D. STREET ADDRESS (If rural, give location): 2642 Richman Street

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Wife
8. DATE OF BIRTH: May 21, 1886
9. AGE (In years last birthday): 65 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Deckhand
10B. KIND OF BUSINESS OR INDUSTRY: Seafaring
11. BIRTHPLACE (State or foreign country): Denmark
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jens Sonne
14. MOTHER'S MAIDEN NAME: Eleanora Sorenson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Records - US Public Health Ser. Hosp. ADDRESS: Baltimore, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

181 X

(A) Carcinoma of the bladder with metastasis. — 4 months

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* August 1, 1951 *to* August 6, 1951, *that I last saw the deceased alive on* Aug. 6, 1951, *and that death occurred at* 8:20 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: John L. Wilson, Medical Director M. D.
23B. ADDRESS: US PHS Hospital, Baltimore, Md.
23C. DATE SIGNED: 8-7-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: August 8, 1951
24C. NAME OF CEMETERY OR CREMATORY: Locust Wood Cem.
24D. LOCATION (City, town, or county) (State): Merchantville, N.J.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 8 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: William Cook, Inc.
ADDRESS: 1217 St. Paul Street

VS 150

673 55 6 8 8 9

52B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M#635

51-15092 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6902

1. NAME OF DECEASED (Type or Print): Elmer Martin

2. DATE OF DEATH: August 6, 1951

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals, 4940 Eastern Avenue

C. Length of stay in Baltimore: 20 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2609 Huntington Ave. (18)

12 07

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 11, 1895
9. AGE (In years last birthday): 56 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Louis Martin (D)
14. MOTHER'S MAIDEN NAME: Julia Harmon (D)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Baltimore City Hospitals Records; ADDRESS: 4940 Eastern Avenue

MEDICAL CERTIFICATION

18. 422.1

CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 Wks.

DUE TO

ANTECEDENT CAUSES

(B) Arteriosclerotic cardiovascular Disease — 2 Mos.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Generalized arteriosclerosis — Yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-2, 1951, *to* 8-6, 1951 *that I last saw the deceased alive on* 8-6, 1951, *and that death occurred at* 8:25p *m., from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: 4940 Eastern Avenue
23C. DATE SIGNED: 8-7-51

24A. BURIAL, ~~CREMATION, REMOVAL (Specify)~~: Burial
24B. DATE: 8/9/51
24C. NAME OF CEMETERY ~~OR CREMATORY~~: St. Peters
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 8 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm Cook Inc.
ADDRESS: 1217 St. Paul St.

VS 150

5 1 0 0 0 6 8 9 0

937

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A 416

51 6903

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6903

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): Helen E. Albert

2. DATE OF DEATH: August 6, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3317 Ravenwood Avenue
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 8-01
D. STREET ADDRESS (If rural, give location): 3317 Ravenwood Avenue

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Nov. 25, 1906
9. AGE (In years last birthday): 44 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John T. Lutz
14. MOTHER'S MAIDEN NAME: Theresa -
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Joseph E. Albert, ADDRESS: 3317 Ravenwood Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

174X

(A) Cancer of uterus — INTERVAL BETWEEN ONSET AND DEATH: 14 mos.

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 10, 1951 *to* Aug. 6, 1951, *that I last saw the deceased alive on* Aug 5, 1951, *and that death occurred at* 2:10 a. m., *from the causes and on the date stated above.*

23A. SIGNATURE: David Schneider M. D.
23B. ADDRESS: 1101 N. Milton Ave
23C. DATE SIGNED: 8-6-51

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 8/9/51
24C. NAME OF CEMETERY OR CREMATORY: St. Augustine's Cemetery
24D. LOCATION (City, town, or county) (State): Elkridge, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: AUG 8 1951
REGISTRAR'S SIGNATURE: Thurston Williams, M.D.
25. FUNERAL DIRECTOR: Wm. Cook, Inc.
ADDRESS: 1217 St. Paul Street

VS 150

4813

51 0 0 6 8 2 1

3-400

51 6904
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 6904
Registered No.

1. NAME OF DECEASED (Type or Print): Frank Hume Beall

2. DATE OF DEATH: August 6, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 313 East 31st Street
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 313 East 31st Street

12-02

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Aug. 24, 1873
9. AGE (In years last birthday): 77 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Chief Inspector
10B. KIND OF BUSINESS OR INDUSTRY: Highway Depts. Balto. City
11. BIRTHPLACE (State or foreign country): Washington, D. C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Henry Beall
14. MOTHER'S MAIDEN NAME: Fannie Williams

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: John W. Beall, 2816 Clearview Avenue — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Acute Cardiac Dilatation — 2 hrs
DUE TO
(B) Cardio Vascular disease — 4 years
DUE TO
(C) age

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug. 1, 1951, *to* Aug. 6, 1951, *that I last saw the deceased alive on* Aug. 5, 1951, *and that death occurred at* 2 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: Thurl C. Blake M. D.
23B. ADDRESS: Med. arts Bldg Balto.
23C. DATE SIGNED: 8-7-51

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 8/8/51
24C. NAME OF CEMETERY OR CREMATORY: Lorraine Cemetery
24D. LOCATION (City, town, or county) (State): Woodlawn, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: AUG 8 1951
REGISTRAR'S SIGNATURE: Lucille Williams, M.D.
25. FUNERAL DIRECTOR: Wm. Cook, Inc. — ADDRESS: 1217 St. Paul Street

VS 150

E 0 0 6 8 9 2

937

PLEASE WRITE IN INK ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-100

51 6905

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6905

Registered No.

1. NAME OF DECEASED (Type or Print): Carey Ruby

2. DATE OF DEATH: Aug 7, 1951

3. PLACE OF DEATH: A. Baltimore City, Maryland — Med. O/P Off.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md
B. COUNTY: 27-19
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15
D. STREET ADDRESS (If rural, give location): 4821 Palmer Ave

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 8-12-85
9. AGE (In years last birthday): 65 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mailing Dept. Ret.
10B. KIND OF BUSINESS OR INDUSTRY: Gas & Elec. Co.
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Ruby
14. MOTHER'S MAIDEN NAME: Aisch Jett

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 212-05-7395
17. INFORMANT: ADDRESS: JOHNS HOPKINS HOSPITAL

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

163X

(A) hemorrhage from right inferior pulmonary vein at operation — INTERVAL BETWEEN ONSET AND DEATH: 15 min

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) probable carcinoma RLL — 4 mos

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 7 Aug 1951
19B. MAJOR FINDINGS OF OPERATION: probable carcinoma RLL + hilum
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH: —
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-12-, 1951, *to* 8-7-, 1951, *that I last saw the deceased alive on* 8-7-, 1951, *and that death occurred at* 12:30 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Richard J Johns M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 7 Aug 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/10/51
24C. NAME OF CEMETERY ~~OR CREMATORY~~: Woodlawn
24D. LOCATION (City, town, or county) (State): Woodlawn, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: AUG 8 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. Cook, Inc.
ADDRESS: 1217 St. Paul St.

VS 150

3905E 47

95 3905 6893

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-300

51 6906
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 6906
Registered No.

1. NAME OF DECEASED (Type or Print): HOLT FAIRFIELD BUTT, III

2. DATE OF DEATH: August 6, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 503 Club Road

27-13

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1/16/1907
9. AGE (In years last birthday): 44 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Minister
10B. KIND OF BUSINESS OR INDUSTRY: Gospel
11. BIRTHPLACE (State or foreign country): Norfolk, Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Holt Fairfield Butt, Jr.
14. MOTHER'S MAIDEN NAME: Leonora Wilcox

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Yes
(If yes, give war or dates of service): W. W. #2
16. SOCIAL SECURITY NO.
17. INFORMANT: Bruce Wilcox Butt
ADDRESS: Portsmouth, Va.

MEDICAL CERTIFICATION

18. E871.0

CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Barbiturate poisoning
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 503 Club Road
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug. 4, 1951 A.m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? Accidentally ingested overdose of barbiturate

22. *I certify that I took charge of the remains described above, held an* Inspection & Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☒, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: R S Fisher M.D.
23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: August 8, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/9/51
24C. NAME OF CEMETERY OR CREMATORY: U. S. National
24D. LOCATION (City, town, or county) (State): Arlington, Va.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 8 1951
REGISTRAR'S SIGNATURE: Minnie Jon Williams, M.D.
25. FUNERAL DIRECTOR: Wm. Cook, Inc.
ADDRESS: 1217 St. Paul St.

VS 151

N-971.0 | 95 | 0098W 6894 179B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

520

51 6907

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6907

1. NAME OF DECEASED (Type or Print): Anna Lee Link

2. DATE OF DEATH: August 7, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4002 Wilsby Avenue
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 4002 Wilsby Avenue

9-01

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: July 17, 1907
9. AGE (In years last birthday): 44
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Raymond C. Reed
14. MOTHER'S MAIDEN NAME: Nannie L. Sard

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Edward S. Link, 4002 Wilsby Avenue
ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hodgkins Disease — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/6, 1951, *to* 8/7, 1951, *that I last saw the deceased alive on* 8/6, 1951, *and that death occurred at* 3:30 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Thomas L. Moreland M. D.
23B. ADDRESS: 3900 Alameda Blvd
23C. DATE SIGNED: 8/8/51

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 8/9/51
24C. NAME OF CEMETERY OR CREMATORY: Moreland Park Cemetery
24D. LOCATION (City, town, or county) (State): Parkville, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: AUG 8 1951
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Wm. Cook, Inc.
ADDRESS: 1217 St. Paul Street

VS 150

(OVER)

E 1 0 0 6 8 9 5

44 B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

This pt. was treated by Dr. Lloyd Taylor - throughout her illness - I saw her on 8/6/51 when he was on vacation -

Lennox D. Wardley Jr.

S-51 6908

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6908

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Annie C. Smick

2. DATE OF DEATH: Aug. 6, 1951.

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1921 Ramsay St.
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1921 Ramsay St.

20503

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: April 7, 1872
9. AGE (In years last birthday): 79 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H. W.
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Kerbe
14. MOTHER'S MAIDEN NAME: -----Kitzinger

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT (SON) ADDRESS: John H. Clopein, 5170 Stafford Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 151X

(A) Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) m. OF INJURY
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 16, 1938, *to* Aug. 6, 1951, *that I last saw the deceased alive on* August 6 1951, *and that death occurred at* 2:00 P.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Albert Lemnich M. D.
23B. ADDRESS: 1934 Wilkens Ave.
23C. DATE SIGNED: Aug. 8 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug. 9/51
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): 3801 Frederick Rd. Baltimore 29, Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 8 1951
REGISTRAR'S SIGNATURE: Ruth Fox Williams, M.D.
25. FUNERAL DIRECTOR: Harry H. Leitzke
ADDRESS: 4101 Edmondson Ave.

VS 150

46B

PLEASE WRITE PLAINLY, WITH INDELIBLE INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K+530
51 6909

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 6909
Registered No.

1. NAME OF DECEASED (Type or Print) MAMIE W. KNOTT
2. DATE OF DEATH 8.7.51.

3. PLACE OF DEATH:
A. Baltimore City, Maryland BALTIMORE
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) LUTHERAN HOSP. OF MARYLAND.
C. Length of stay in Baltimore 50 Yrs. ~~Mos.~~ ~~Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MARYLAND
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 20-07
D. STREET ADDRESS (If rural, give location) 503 NORMANDY AVE.

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED.
8. DATE OF BIRTH 6.6.84.
9. AGE (In years last birthday) 67 yrs
If Under 1 Year: Months | Days
If Under 24 Hours: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) EASTON MD.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME RIDEAWAY
14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Allen J. Knott ADDRESS 503 Normandy Ave

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 550.1 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Anemia — INTERVAL BETWEEN ONSET AND DEATH: 3 days
DUE TO
(B) Generalized Peritonitis
DUE TO
(C) Ruptured appendix

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 7.31.51.
19B. MAJOR FINDINGS OF OPERATION Chronic Ulcers of Bowel
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7.31.51 *to* 8.7., 1951, *that I last saw the deceased alive on* 8.7., 1951, *and that death occurred at* 4:38 *a.m., from the causes and on the date stated above.*

23A. SIGNATURE James P. O'Hare M. D.
23B. ADDRESS Lutheran Hosp. of Md
23C. DATE SIGNED 7 Aug 51

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE Aug 10/51
24C. NAME OF CEMETERY OR CREMATORY London Park
24D. LOCATION (City, town, or county) (State) Balto. Md

DATE RECEIVED BY LOCAL REGISTRAR AUG 8 1951
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25. FUNERAL DIRECTOR Harry A. Mitzel ADDRESS 4101 Edmondson Ave

VS 150

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1951 006897 121

M-460
51 6910

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6910

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Miller, John H.

2. DATE OF DEATH: Aug. 5, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hosp.
C. Length of stay in Baltimore: 35 yrs. Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 20-07
D. STREET ADDRESS (If rural, give location): 419 Loudon Ave (N)

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: Jan. 1, 1896
9. AGE (In years last birthday): 55 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: Ins. Manager
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wm. Miller
14. MOTHER'S MAIDEN NAME: Minerva —

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: John F. Miller, ADDRESS: 708 Chapel Gate Lane

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 4 hours.
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Arteriosclerosis — ?
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/1, 1951, *to* 8/5, 1951, *that I last saw the deceased alive on* 8/5, 1951, *and that death occurred at* 5:40 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE: Joseph C. Fitzgerald M. D.
23B. ADDRESS: Univ. Hosp.
23C. DATE SIGNED: 8/5/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug. 9/51.
24C. NAME OF CEMETERY OR CREMATORY: Loudon Pk.
24D. LOCATION (City, town, or county) (State): Balto. 29. Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 8 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Harry H. Little, ADDRESS: 4101 Edmondson Ave

VS 150

290 730 6898 94a

T-315

51 6911

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6911

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): Floyd Toadvine

2. DATE OF DEATH: 8/6/51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Josephs Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 8 03
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto Md
D. STREET ADDRESS (If rural, give location): 2406 Llewlyn Ave

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 17 1894
9. AGE (In years last birthday): 57
If Under 1 Year: Months | Days
If Under 24 Hours: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Operator-Pensioned
10B. KIND OF BUSINESS OR INDUSTRY: Balto. Transit Co.
11. BIRTHPLACE (State or foreign country): Tyaskin Wicomico Co. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Greensbury A. Toadvine
14. MOTHER'S MAIDEN NAME: Laura Catlin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Aubrey Lee Toadvine ADDRESS: 2406 Llewlyn Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Artery Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☑, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: C. Hubrich M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☑
23C. DATE SIGNED: 8/6/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-9-1951
24C. NAME OF CEMETERY OR CREMATORY: Parsons Cemetery
24D. LOCATION (City, town, or county) (State): Salisbury Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 8 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: John C. Miller Inc.
ADDRESS: 2435 E. Oliver St

VS 151

66 57

94a

652

51 6912

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6912

Registered No.

1. NAME OF DECEASED (Type or Print) ALBERT GRIMES

2. DATE OF DEATH Aug. 5, 1951

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) SINAI HOSPITAL

C. Length of stay in Baltimore Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore 15-06

D. STREET ADDRESS (If rural, give location) 816 W. 33rd St.

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M

8. DATE OF BIRTH Nov 1 1875

9. AGE (In years last birthday) 75 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Alexander Grimes

14. MOTHER'S MAIDEN NAME Mary Belle

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 217-26-0603

17. INFORMANT Clara B. Grimes ADDRESS 816 W 33rd St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of esophagus — INTERVAL BETWEEN ONSET AND DEATH: 38 mos.

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. None

19A. DATE OF OPERATION Dec. 1950

19B. MAJOR FINDINGS OF OPERATION Carcinoma of esophagus

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 18th 1951, to Aug 5, 1951 that I last saw the deceased alive on Aug 5, 1951, and that death occurred at 8 p.m., from the causes and on the date stated above.

23A. SIGNATURE Samuel D. Gaby M. D.

23B. ADDRESS Sinai Hospital

23C. DATE SIGNED 8/5/51

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE Aug 9, 51

24C. NAME OF CEMETERY OR CREMATORY St Mary's Hampden

24D. LOCATION (City, town, or county) (State) Roland Ave Balt Md.

DATE RECEIVED BY LOCAL REGISTRAR AUG 8 1951

REGISTRAR'S SIGNATURE Washington Williams, M.D.

25. FUNERAL DIRECTOR Paul E. Chenoweth

ADDRESS 3615-17 Chesnut Ave.

VS 150

46a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Exact dates not available
due to misplacement
of chart

S.D. Baby M.D.

J-1000

51 6913

BIRTH NO. 50-22639

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6913

1. NAME OF DECEASED (Type or Print): HANNAH GEE

2. DATE OF DEATH: August 5, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1138 N. Calhoun Street

16-07

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): baby
8. DATE OF BIRTH: October 10, 1950
9. AGE (In years last birthday): If Under 1 Year: Months 9, Days; If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel Gee.
14. MOTHER'S MAIDEN NAME: Mattie Crawley.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Samuel Gee. ADDRESS: 1138 N. Calhoun St.

MEDICAL CERTIFICATION

18. 492X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Interstitial pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from:* natural causes [X], accident [ ], suicide [ ], homicide [ ], undetermined [ ].

23A. SIGNATURE: William U. Gordon M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: August 6, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-8-1951
24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 8 1951
REGISTRAR'S SIGNATURE: Curtis Williams, M.D.
25. FUNERAL DIRECTOR: Mrs Katie R. Williams
ADDRESS: 322 N. Schroeder St

VS 151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5 1 0 0 6 9 0 1

114E

C-143

51 6914

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6914

1. NAME OF DECEASED (Type or Print): Robert Cofield

2. DATE OF DEATH: 8/5/51

3. PLACE OF DEATH: A. Baltimore City, Maryland — Balt. Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Provident Hosp

C. Length of stay in Baltimore: 35 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE — B. COUNTY: 2250 Madison Ave.
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Baltimore, Md.
D. STREET ADDRESS (If rural, give location): —

15-03

5. SEX: M
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married.
8. DATE OF BIRTH: 1898 June 10
9. AGE (In years last birthday): 53
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter.
10B. KIND OF BUSINESS OR INDUSTRY: Const
11. BIRTHPLACE (State or foreign country): Roanoke Ala.
12. CITIZEN OF WHAT COUNTRY? U.

13. FATHER'S NAME: Charles Cofield.
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): yes.
(If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.
17. INFORMANT: Wife. ADDRESS: 2250 Madison Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardio-Vascular Accident. — INTERVAL BETWEEN ONSET AND DEATH: 4h.

DUE TO

ANTECEDENT CAUSES

(B) Hyper-tension

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) M. D.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CERTIFICATION APPROVED BY
Stanley H. Duncan
CHIEF OR ASST. MEDICAL EXAMINER

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/5/51, 19__, *to* 8/5/51, 19__, *that I last saw the deceased alive on* NEVER, 19__, *and that death occurred at* 7 PM *m., from the causes and on the date stated above.*

23A. SIGNATURE: John Winston King M. D.
23B. ADDRESS: Provident Hosp.
23C. DATE SIGNED: 8/6/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug 10-1951
24C. NAME OF CEMETERY OR CREMATORY: Bath National Cem.
24D. LOCATION (City, town, or county) (State): Bath City

DATE RECEIVED BY LOCAL REGISTRAR: AUG 8 1951
REGISTRAR'S SIGNATURE: Cornelius Williams M.D.
25. FUNERAL DIRECTOR: Alfred A. Williams
ADDRESS: 1515 McElderry St

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5424 931

T 512

51 6915

CERTIFICATE CORRECTED 11/9/11/51 -- ES

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6915

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Harry Augusta Thompson

2. DATE OF DEATH: August 7, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Avenue
C. Length of stay in Baltimore: 3 Yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1904
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 101 S. Monroe St. (23)

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Feb. 20, 1905
9. AGE (In years last birthday): 46 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Webster Thompson
14. MOTHER'S MAIDEN NAME: Lillian Higdon
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Records: ADDRESS: Baltimore City Hospitals 4940 Eastern Avenue

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

29 X

(A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 6 Mos.

DUE TO

ANTECEDENT CAUSES

(B) Cause undetermined — (over)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-10, 1951, *to* 8-7, 1951, *that I last saw the deceased alive on* 8-7, 19 51 *and that death occurred at* 10 p *m., from the causes and on the date stated above.*

23A. SIGNATURE: G. S. Orgain M. D.
23B. ADDRESS: 4940 Eastern Avenue
23C. DATE SIGNED: 8-8-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: 8/8/51
24C. NAME OF CEMETERY OR CREMATORY:
24D. LOCATION (City, town, or county) (State): Alexandria, Va.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 8 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: J. S. Everly
ADDRESS: 809 King Alexandria, Va

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5 1 0 0 6 9 0 3 132

See Document File 51-6915
Reply to Query
9/11/51 ES

S 530
51 6916

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 6916

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mary Elizabeth Smith
2. DATE OF DEATH: Aug 6-1951
3. PLACE OF DEATH: A. Baltimore City, Maryland 618 S Streeper St
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 618 S. Streeper St
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Sept. 8-1881
9. AGE (In years last birthday): 69
If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto. Md
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Paul George
14. MOTHER'S MAIDEN NAME: Not Known
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. T. James. ADDRESS: 4505 Parkmont Ave

MEDICAL CERTIFICATION

18. 334 X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Apoplexy

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1949 to Aug 6, 1951 that I last saw the deceased alive on Aug 5, 1951, and that death occurred at 6 P.m., from the causes and on the date stated above.

22A. SIGNATURE: Eugene Zeller M. D.
23B. ADDRESS: 2739 Eastern Ave
23C. DATE SIGNED: 8/6/51
24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 8/9/51
24C. NAME OF CEMETERY OR CREMATORY: Oak Lawn
24D. LOCATION (City, town, or county) (State): Balto Md
DATE RECEIVED BY LOCAL REGISTRAR: AUG 8 • 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Clarence F. Hoffman
ADDRESS: 1639 Broadway

VS 150

83a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H 545 Twins -

51 6917

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6917

BIRTH NO. 51 6917 51-16105

1. NAME OF DECEASED (Type or Print): Baby Girl Hamlin "B"

2. DATE OF DEATH: July 17, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): The Johns Hopkins Hospital
C. Length of stay in Baltimore 0 Years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 9-09
D. STREET ADDRESS (If rural, give location): 1415 E. Lanvale Street

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 7-17-51
9. AGE (In years last birthday): If Under 1 Year: Months: Days: If Under 24 Hours: Hours 6 Min. 47
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Therman Hamlin
14. MOTHER'S MAIDEN NAME: Nillon Lyons 115933
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): -
16. SOCIAL SECURITY NO.: -
17. INFORMANT: Hospital Records
ADDRESS:

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 769.5 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Prematurity
DUE TO
(B) Premature labor
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Toxemia of pregnancy
Twin Pregnancy

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-17- *,* 19 51 *to* 7-17 *,* 19 51 *that I last saw the deceased alive on* 7-17 *,* 19 51 *and that death occurred at* 6:00P *m., from the causes and on the date stated above.*

23A. SIGNATURE: George W. Corner, Jr. M.D.
23B. ADDRESS: Johns Hopkins Hospital
23C. DATE SIGNED: 7-20-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Hosp Disposal
24B. DATE
24C. NAME OF CEMETERY OR CREMATORY
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR: AUG 8 1951
REGISTRAR'S SIGNATURE: Winter Williams, M.D.
25. FUNERAL DIRECTOR
ADDRESS

VS 150

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 0 0 6 9 0 5 159

J 525

51 6918
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 6918

1. NAME OF DECEASED (Type or Print): GEORGE JOHNSON

2. DATE OF DEATH: August 6, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: X
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 26-36
D. STREET ADDRESS (If rural, give location): 5610 Swallow Lane

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Oct. 24, 1933
9. AGE (In years last birthday): 17 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10B. KIND OF BUSINESS OR INDUSTRY: School
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: George E. Johnson
14. MOTHER'S MAIDEN NAME: Eleanor Lipscomb
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: George Johnson — ADDRESS: 5610 Swallow Lane N.

MEDICAL CERTIFICATION

18. E929.8

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Asphyxiation
DUE TO drowning

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: X
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Water
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Foot of Newkirk Street 26-36
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): August 6, 1951 1:35 P.m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR? Drowned while swimming

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE: Stanley K. Dunladen M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: August 7, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug. 9, 1951
24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 8 1951
REGISTRAR'S SIGNATURE: [illegible] for Williams, M.D.
26. FUNERAL DIRECTOR: Overland Funeral Home — ADDRESS: 1631 Druid Hill Ave.

VS 151

N 990X

5 1 0 0 6 9 0 6 183

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-425

51 6919

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6919

BIRTH NO.

1. NAME OF DECEASED (Type or Print): COLLISON, ERNEST E.

2. DATE OF DEATH: Aug. 8, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hosp.
C. Length of stay in Baltimore: 1 day (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Anne Arundel
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mayo
D. STREET ADDRESS (If rural, give location): 5200

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 1880
9. AGE (In years last birthday): 71
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Business man
10B. KIND OF BUSINESS OR INDUSTRY: ?
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas E. Collison
14. MOTHER'S MAIDEN NAME: Mary Ellen Cadle

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs Leff Dawson
ADDRESS: Mayo, Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

154X

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Adenocarcinoma of rectum c metastasis

DUE TO

(B) starvation

DUE TO

(C) Cardiac failure

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 8, 1951, to Aug. 8, 1951, that I last saw the deceased alive on Aug 8, 1951, and that death occurred at 11 05 P.m., from the causes and on the date stated above.

23A. SIGNATURE: Henry E. Langenfelder M. D.
23B. ADDRESS: University Hosp.
23C. DATE SIGNED: Aug. 8, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug 11/51
24C. NAME OF CEMETERY OR CREMATORY: Mayo Memorial
24D. LOCATION (City, town, or county) (State): Mayo Md

DATE RECEIVED BY LOCAL REGISTRAR: AUG 9 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: B. L. Hopkins & Son
ADDRESS: Annapolis Md

VS 150

29089 0 6 9 0 7 46D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 6920

BIRTH NO. 51-25863

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6920

1. NAME OF DECEASED (Type or Print): BABY MCNEIL

2. DATE OF DEATH: 4:05 A.M. August 1, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital
C. Length of stay in Baltimore (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 12-05
D. STREET ADDRESS (If rural, give location): 319 E. Lanvale Street

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: 2:00 A.M. 8-1-51
9. AGE (In years last birthday): If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.: 2 hr.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:
14. MOTHER'S MAIDEN NAME:
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Asphyxia neonatorum — INTERVAL BETWEEN ONSET AND DEATH

DUE TO aspiration of amniotic sac contents

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: Stanley H. Dunlachen M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: August 2, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Cremated
24B. DATE: 8/3/51
24C. NAME OF CEMETERY OR CREMATORY: City Morgue
24D. LOCATION (City, town, or county) (State):

DATE RECEIVED BY LOCAL REGISTRAR: AUG 9 1951
REGISTRAR'S SIGNATURE: Curtis Williams, M.D.
25. FUNERAL DIRECTOR: R. S. Fisher - M.D.
ADDRESS:

V6 151

1951 0 0 6 9 0 8

160c

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be c[illegible]lly supplied. The correct age is esp[illegible]ally important. Physicians: please write the causes of death clearly and le[illegible]y.

H-155

51 6921

51 6921

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MARY HOFFMAN

2. DATE OF DEATH: 8/7/51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MERCY HOSP.
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTO 10-01
D. STREET ADDRESS (If rural, give location): 1212 Homewood Ave.

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Separated
8. DATE OF BIRTH: Oct. 29, 1904
9. AGE (In years last birthday): 46 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): MD.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Noctor
14. MOTHER'S MAIDEN NAME: Mary Ann Byrne.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 215-28-6305
17. INFORMANT — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

585X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Gangrenous G. Bladder

DUE TO

c Toxemia and

ANTECEDENT CAUSES

(B) Cardiac Failure

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 8/2/51
19B. MAJOR FINDINGS OF OPERATION: Gangrenous Gall Bladder
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/2, 19 51, *to* 8/7/51, 19__, *that I last saw the deceased alive on* 8/7, 19 51, *and that death occurred at* 9:00 *Am., from the causes and on the date stated above.*

23A. SIGNATURE: H. Kramer, M. D.
23B. ADDRESS: Mercy Hosp
23C. DATE SIGNED: 8/7/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug. 10/51
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 9 1951
REGISTRAR'S SIGNATURE: Lillington Williams, M.D.
25. FUNERAL DIRECTOR: Rita Wiedefeld
ADDRESS: 900 E. Biddle St.

VS 150

127B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

P. 515

51 6922

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6922

Registered No.

1. NAME OF DECEASED (Type or Print): Mildred Pumpian

2. DATE OF DEATH: August 8, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4122 Forest Park Ave
C. Length of stay in Baltimore: 32 Yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 28-02
D. STREET ADDRESS (If rural, give location): 4122 Forest Park Ave

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Aug 2, 1907
9. AGE (In years last birthday): 44 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10B. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): New York City
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME: Louis Wiseman
14. MOTHER'S MAIDEN NAME: Rachael
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr Jerome H Pumpian — ADDRESS: 4122 Forest Park Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Adenocarcinoma of Ovary — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 1, 1951, *to* Aug 8, 1951, *that I last saw the deceased alive on* Aug 8, 1951, *and that death occurred at* 6 11 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Dawne J Schwartz M. D.
23B. ADDRESS: 2320 Eutaw Place
23C. DATE SIGNED: 8/8/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug 9, 1951
24C. NAME OF CEMETERY OR CREMATORY: Beth Tfiloh Cemetery
24D. LOCATION (City, town, or county) (State): Windsor Mill Road - BALTO. Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 9 1951
REGISTRAR'S SIGNATURE: Lutrington Williams, M.D.
25. FUNERAL DIRECTOR: Sol Levinson + Bro W Nath ave
ADDRESS: 1126

VS 150

49a

1951 0006910

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-232

51 6923

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6923

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Julia Rostek

2. DATE OF DEATH: 8/8/51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Church Home Hospital
C. Length of stay in Baltimore: 40 years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore City
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 1-03
D. STREET ADDRESS (If rural, give location): 723 S. Eugene Ave

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 25, 1885
9. AGE (In years last birthday): 66
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Poland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Frank Schloser
14. MOTHER'S MAIDEN NAME: Katherine Kowron

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Self
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia Due to — INTERVAL BETWEEN ONSET AND DEATH: 7 Days.

DUE TO

(B) Renal Failure -

DUE TO

(C) Obstructive Jaundice Due to Carcinoma Bile Ducts

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 8-1-51
19B. MAJOR FINDINGS OF OPERATION: Carcinoma Bile Ducts
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): No
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): 0
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 26, 1951 to Aug 8, 1951, that I last saw the deceased alive on 8/8/51, 19____, and that death occurred at 4:30 m., from the causes and on the date stated above.

23A. SIGNATURE: S. Mitchener M. D.
23B. ADDRESS: Church Home Hosp.
23C. DATE SIGNED: 8/8/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug. 11, 1951
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cemetery
24D. LOCATION (City, town, or county) (State): 4430 Belair Rd. Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 9 1951
REGISTRAR'S SIGNATURE: Curtis for Williams, M.D.
25. FUNERAL DIRECTOR: Schimunek Funeral Home, Inc.
ADDRESS: 2601-3-5 E. Madison St.

VS 150

46F

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-536 51 6924

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6924
Registered No.

1. NAME OF DECEASED (Type or Print): EDWARD SAUNDERS

2. DATE OF DEATH: August 6, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Johns Hopkins Hospital
C. Length of stay in Baltimore: 8 years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 6-05
D. STREET ADDRESS (If rural, give location): 104 Jackson Place

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Sept. 20, 1900
9. AGE (In years last birthday): 50 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Welder
10B. KIND OF BUSINESS OR INDUSTRY: Johnson & Jansen Co.
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Thomas Saunders Machine Shop
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 218-07-4586
17. INFORMANT: Wm. Saunders, son, 1917 Fairmount Ave. Philadelphia, Pa.

MEDICAL CERTIFICATION

18. 420.1

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary artery sclerosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: Stanley H. Dudeck M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: August 7, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug. 9, 1951
24C. NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery
24D. LOCATION (City, town, or county) (State): Horner's Lane, Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 9 1951
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Schimunek Funeral Home, Inc.
ADDRESS: 2601-3-5 E. Madison St.

VS 151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

0685 3L

94a

51 6925

BIRTH NO. R 252

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6925

Registered No.

1. NAME OF DECEASED (Type or Print): FREDERICK A. RASMUSSEN

2. DATE OF DEATH: August 6, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South Baltimore General Hospital
C. Length of stay in Baltimore (Yrs. Mos. Days): life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1453 Andre Street 24-01

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: June 6 1897
9. AGE (In years last birthday): 54 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lady Keeper
10B. KIND OF BUSINESS OR INDUSTRY: Cargo Ship
11. BIRTHPLACE (State or foreign country): Balto
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Anton Rasmussen
14. MOTHER'S MAIDEN NAME: Martha Rasmussen
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Richard Laber | ADDRESS: 2713 1/2 Kildare

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic cardiovascular disease
DUE TO

ANTECEDENT CAUSES
(B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection & inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: Stanley H. Durlacher M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: August 7, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug 9/51
24C. NAME OF CEMETERY OR CREMATORY: Parkwood
24D. LOCATION (City, town, or county) (State): Balto

DATE RECEIVED BY LOCAL REGISTRAR: AUG 9 1951
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Ulrich Funeral Home | ADDRESS: 2008 Pelham

VS 151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 3 9 5 5 5 0 0 0 6 9 1 3 93D

D-210 51 6926

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6926

Registered No.

1. NAME OF DECEASED (Type or Print): Sophia De Graff

2. DATE OF DEATH: August 7, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 220 North Belnord Avenue
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 6-02
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore, 24, Maryland
D. STREET ADDRESS (If rural, give location): 220 North Belnord Avenue

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 14, 1879
9. AGE (In years last birthday): 72
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Peter Yeager
14. MOTHER'S MAIDEN NAME: ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Miss Freda De Graff; ADDRESS: 220 N. Belnord Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

443 X

(A) acute myocardial insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 3 days.

DUE TO

ANTECEDENT CAUSES

(B) chr. myocarditis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

hypertension, diabetes mellitus, marked obesity,

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/5 *19*51 *to* 8/7 *19*51, *that I last saw the deceased alive on* 8/7 *19*51 *and that death occurred at* 7:45 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: L. Dobihal M. D.
23B. ADDRESS: 447 N. Kenwood Ave.
23C. DATE SIGNED: 8/8/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug. 10, '51
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral Cem.
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: AUG 9 1951
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: John A. Moran
ADDRESS: 3000 E. Balto. St.

VS 150

61

PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

300 51 6927

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6927

Registered No.

1. NAME OF DECEASED (Type or Print): JEROME F. KAHOUT

2. DATE OF DEATH: August 8, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Southern Hotel Light & Redwood Streets
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Virginia
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arlington
D. STREET ADDRESS (If rural, give location): 4219 Four Mills Road Drive

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 15, 1887
9. AGE (In years last birthday): 63 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer
10B. KIND OF BUSINESS OR INDUSTRY: Dept. Army Chief of Engineers
11. BIRTHPLACE (State or foreign country): Chicago, Ill.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph F. Kohout
14. MOTHER'S MAIDEN NAME: Filamina Rusy

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Virginia K. Hitchcock-4219 Four Mile Run Drive Arlington, Va.

MEDICAL CERTIFICATION

18. 581.1

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Fatty liver

DUE TO

ANTECEDENT CAUSES

(B) Acute alcoholism

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from:* natural causes [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: William U. Gaudy M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: August 8, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: 8/9/51
24C. NAME OF CEMETERY OR CREMATORY: Bohemian National Cem.
24D. LOCATION (City, town, or county) (State): Chicago, Ill.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 9 1951
REGISTRAR'S SIGNATURE: Thurlington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Tickner & Sons
ADDRESS: Balto. Md.

VS 151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

124a

51 6928

BIRTH NO. 620

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6928

Registered No.

1. NAME OF DECEASED (Type or Print): EDNA Ruth PRICE

2. DATE OF DEATH: Aug. 7, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland BALTIMORE
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lutheran Hosp. of Md.
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: BALTIMORE
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 15-48
D. STREET ADDRESS (If rural, give location): 3608 Clifton Ave # 16

5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Mar. 10, 1893
9. AGE (In years last birthday): 58 — If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Richard H. Dougherty
14. MOTHER'S MAIDEN NAME: Arinthia Bird

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. Wm. M. Price — ADDRESS: 3608 Clifton Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Lower Nephron Nephrosis — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

(B) Circulatory Collapse

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Diabetic Coma

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 21
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug. 7, 1951, *to* Aug 7, 1951, *that I last saw the deceased alive on* Aug 7, 1951, *and that death occurred at* 8:15 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: Lutheran Hosp. of Md.
23C. DATE SIGNED: 8-9-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/10/51
24C. NAME OF CEMETERY OR CREMATORY: Lorraine Cem.
24D. LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 9 1951
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: Wm. J. Tickner & Sons — ADDRESS: Balto Md.

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

51 0006916

61

51 6929

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6929

Registered No.

1. NAME OF DECEASED (Type or Print): JOHN J. ROCHE

2. DATE OF DEATH: Aug. 7, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1031 Wood Heights Ave.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1031 Wood Heights Ave. 27-14

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: March 16, 1870
9. AGE (In years last birthday): 81 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Custom Tailor (rtd)
10B. KIND OF BUSINESS OR INDUSTRY: Tailoring
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Samuel F. Roche
14. MOTHER'S MAIDEN NAME: Bridget Dahoney
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. Sylvester Roche — ADDRESS: 3724 Belle Ave.

MEDICAL CERTIFICATION

18. 420.1

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial insufficiency

DUE TO

ANTECEDENT CAUSES

(B) Arteriosclerotic

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Coronary disease

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. —

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH: —
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* Jan 4, 1951, *to* Aug 7, 1951, *that I last saw the deceased alive on* Aug 6, 1951 *and that death occurred at* 6A *m., from the causes and on the date stated above.*

23A. SIGNATURE: [illegible] M. D.
23B. ADDRESS: 2429 Charlestown Rd.
23C. DATE SIGNED: Aug 8-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/10/51
24C. NAME OF CEMETERY OR CREMATORY: Druid Ridge Cem.
24D. LOCATION (City, town, or county) (State): Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 9 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Tickner & Sons
ADDRESS: Balto, Md 94a

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 5 1 0 0 0 6 9

P 362

51 6930

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6930

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Charles William Patterson.

2. DATE OF DEATH: 8-8-51.

3. PLACE OF DEATH: A. Baltimore City, Maryland Mercy Hospital

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

C. Length of stay in Baltimore Lifetime (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md

B. COUNTY: 102 W 39th St. Balto.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore, (City)

D. STREET ADDRESS (If rural, give location): 102 39th St. 12-01

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 19 - 1881

9. AGE (In years last birthday): 69 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): President - Ship Supplies - T. J. Taylor

10B. KIND OF BUSINESS OR INDUSTRY: Ship Chandler

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: - Patterson

14. MOTHER'S MAIDEN NAME: Molly Quigley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mr. Alvin Patterson - 102 W. 39th St. — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Sarcoma - Lt. femur. — INTERVAL BETWEEN ONSET AND DEATH: 3 mos.+

DUE TO

ANTECEDENT CAUSES

(B) Metastases - Lungs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) —

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 7-27-51.

19B. MAJOR FINDINGS OF OPERATION: ← Biopsy → Sarcoma.

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-10 -, 1951, *to* 8-8 -, 1951, *that I last saw the deceased alive on* 8-6 -, 1951, *and that death occurred at* 9:50 *A.M.,* 8-8-51 *from the causes and on the date stated above.*

23A. SIGNATURE: R. G. Dellinger, M. D.

23B. ADDRESS: Mercy Hospital

23C. DATE SIGNED: 8-8-51.

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8/10/51

24C. NAME OF CEMETERY OR CREMATORY: Lorraine Cem.

24D. LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 9 1951

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: Wm. J. Pickner & Sons — ADDRESS: Balto., Md.

PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1951 2906 J6 9 1 0 55B

N-635 51 6931 Belmont 7200

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6931

1. NAME OF DECEASED (Type or Print) WORTHINGTON, HENRY LYNN

2. DATE OF DEATH 8-8-51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) UNION MEMORIAL HOSPITAL
C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MARYLAND
B. COUNTY Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) GARRISON
D. STREET ADDRESS (If rural, give location) 5300

5. SEX M
6. COLOR OR RACE wh
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH 6-4-1877
9. AGE (In years last birthday) 74
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MANUFACTURER'S REP.
10B. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Buck's County, Penna.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME [illegible]ARD HICKS WORTHINGTON
14. MOTHER'S MAIDEN NAME Emeline Miller

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Wife
ADDRESS (same)

MEDICAL CERTIFICATION

18. 443 X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) CEREBRAL HEMORRHAGE — ?
DUE TO
(B) HYPERTENSIVE CARDIOVASCULAR DIS. — ?
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ASTHMA

19A. DATE OF OPERATION 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-5, 1951, *to* 8-8, 1951, *that I last saw the deceased alive on* 8-8, 1951, *and that death occurred at* 8:25 A *m., from the causes and on the date stated above.*

23A. SIGNATURE Richard Beach M. D.
23B. ADDRESS Union Memorial Hospital
23C. DATE SIGNED 8-8-51

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 8/10/51
24C. NAME OF CEMETERY OR CREMATORY Brookview Cem.
24D. LOCATION (City, town, or county) (State) Rising Sun, Md,

DATE RECEIVED BY LOCAL REGISTRAR 8/9/51
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25. FUNERAL DIRECTOR Wm. J. Tickner & Sons.
ADDRESS Balto. Md.

VS 150

4904 Y 93D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

D-263

51 6932

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 6932

1. NAME OF DECEASED (Type or Print): Elizabeth Dougherty

2. DATE OF DEATH: 8/8/51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore City
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15-04
D. STREET ADDRESS (If rural, give location): 2109 Ridge hill Ave

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 16, 1880
9. AGE (In years last birthday): 71 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: - Lentz
14. MOTHER'S MAIDEN NAME: unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. Archiebald T. Dougherty — ADDRESS: 2109 Ridgehill Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — 260X
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Diabetic Acidosis — INTERVAL BETWEEN ONSET AND DEATH: 13 hrs

DUE TO

ANTECEDENT CAUSES

(B) Nausea & vomiting of unknown cause — 6 days

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/7, 1951, *to* 8/8, 1951, *that I last saw the deceased alive on* 8/8, 1951, *and that death occurred at* 6 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: A. D. Kuchodoor, M. D.
23B. ADDRESS: University Hospital
23C. DATE SIGNED: 8/8/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/11/51
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 9 1951
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Wm. J. Tickner & Sons
ADDRESS: Balto., Md.

VS 150

1951 006 812

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-400

12-0-1

51 6933

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 6933

1. NAME OF DECEASED (Type or Print): Mrs. Mary Agnes Cole

2. DATE OF DEATH: Aug. 8, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 12-0
D. STREET ADDRESS (If rural, give location): 102 Ridgemede Apartment

5. SEX: Fe.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 2, 1910
9. AGE (In years last birthday): 41
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hwfe.
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Clifton S. Rogers
14. MOTHER'S MAIDEN NAME: Agnes Price
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mr. Edwin T. Cole, Jr. ADDRESS: Ridgemeade Apts.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Ac. myocardial infarction
DUE TO chronic rheumatic heart disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) multiple embolism: kidneys + spleen
DUE TO + polyserositis,
(C) chronic rheum. Heart Dis.

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/3/, 1951, *to* 8/8/, 1951, *that I last saw the deceased alive on* 8/8/51, 19__, *and that death occurred at* 2:30 P.M. *from the causes and on the date stated above.*

23A. SIGNATURE: E. O. Coffey Jr. M. D.
23B. ADDRESS: 1400 N. Caroline Street
23C. DATE SIGNED: 8/8/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/11/51
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 9 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Tietzner & Son
ADDRESS: Balto. Md.

VS 150

93c

1951 0006921

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-200

51 6934

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6934

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mary E. Roche

2. DATE OF DEATH: 8-8-51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days: Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 16-08
D. STREET ADDRESS (If rural, give location): 1215 Woodington Road

5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1907 (5-31)
9. AGE (In years last birthday): 44 ~~55~~
If Under 1 Year: Months: Days:
If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Vincent Ambrose
14. MOTHER'S MAIDEN NAME: Theresa Amatrane

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknowo) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT: Husband
ADDRESS: same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Generalized Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: ?

DUE TO origin: gastro-intestinal tract.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Abscesses lower left quadrant, subsequent to ruptured diverticulum of sigmoid.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 6-5-51
19B. MAJOR FINDINGS OF OPERATION: Diverticulitis; Abscess;
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-1, 1951, *to* 8-8, 1951, *that I last saw the deceased alive on* 8-8, 1951, *and that death occurred at* 5 15 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Roger D. Scott M. D.
23B. ADDRESS: University Hospital
23C. DATE SIGNED: 8-8-51

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 8-11-51
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral Cem
24D. LOCATION (City, town, or county) (State): Frederick Rd. Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: AUG 9 1951
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: MARTIN J. CONROY
ADDRESS: 1600 Hollins St. Balto Md

VS 150

1951000 6929

46M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

See Document File 51-6934
9/4/51 ES

152 51 6935

51 6935

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Willie Givens

2. DATE OF DEATH: August 6, 1951

3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital Inc

C. Length of stay in Baltimore 35 yrs. Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: Maryland B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 3-01

D. STREET ADDRESS (If rural, give location): 1515 E. Lombard St

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: SEPT. 19, 87

9. AGE (In years last birthday): 68 If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Work

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mackhill Givens

14. MOTHER'S MAIDEN NAME: Daisy ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: MAY BRADSHAW ADDRESS: 1515 E. Lombard

MEDICAL CERTIFICATION

18. 443 X

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) Acute Congestive Heart Failure — 1 week

DUE TO

(B) Hypertensive Cardio-Vascular Disease — ?

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: July 31, 1951

19B. MAJOR FINDINGS OF OPERATION: Benign Prostatic Hypertrophy

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 4, 1951 *to* Aug 6, 1951 *that I last saw the deceased alive on* Aug 6, 1951 *and that death occurred at* 8:45 AM *from the causes and on the date stated above.*

23A. SIGNATURE: Edward M. Lopile, M. D.

23B. ADDRESS: Mercy Hospital

23C. DATE SIGNED: Aug 6 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8-9-51

24C. NAME OF CEMETERY OR CREMATORY: Mt Calvary Cem

24D. LOCATION (City, town, or county) (State): Brooklyn Md

DATE RECEIVED BY LOCAL REGISTRAR: AUG 9 1951

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: Elroy O. Wilson ADDRESS: 1000 Bentley Ave

VS 150

17208A

137a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3-620

51 6936

BIRTH NO. 50-20094

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6936

Registered No.

1. NAME OF DECEASED (Type or Print): GEORGE A. BROOKS

2. DATE OF DEATH: August 7, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 427 Swale Road
C. Length of stay in Baltimore (Yrs. Mos. Days): Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 25-32
D. STREET ADDRESS (If rural, give location): 2738 Bookert Drive

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Child
8. DATE OF BIRTH: 9/17/51
9. AGE (In years last birthday): If Under 1 Year: Months 11; Days; If Under 24 Hours: Hours; Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Dorcie Brooks
14. MOTHER'S MAIDEN NAME: Pearly Mae Tulle
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Dorcie Brooks
ADDRESS: 2738 Bookert Drive

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 391.2

(A) Otitis media

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Aspiration of vomitus

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from:* natural causes [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: William V. Bowers M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: August 8, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/10/51
24C. NAME OF CEMETERY OR CREMATORY: Mt Calvary Ct.
24D. LOCATION (City, town, or county) (State): A.A.Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 9 1951
REGISTRAR'S SIGNATURE: Eustace Williams, M.D.
25. FUNERAL DIRECTOR: J. J. Brown & Son
ADDRESS: 1058 N Montgomery St

VS 151

89a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M 320

51 6937

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6937

Registered No.

BIRTH NO.

PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): LEROY MATTHEWS

2. DATE OF DEATH: August 7, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 601 N. Mount Street
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 18-02
D. STREET ADDRESS (If rural, give location): 222 N. Arlington Avenue

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 3/12/ 1912
9. AGE (In years last birthday): 39 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Gen
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel Matthews
14. MOTHER'S MAIDEN NAME: Ruth Batham

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Thomas Burke — ADDRESS: 5708 Bluebird La

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Lobar pneumonia, right upper lobe — 490x

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: William Scott M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: August 8, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/11/51
24C. NAME OF CEMETERY OR CREMATORY: Mount Calvary
24D. LOCATION (City, town, or county) (State): A.A.Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 9 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: L. Brown & Son — ADDRESS: 106 W Montgomery St

VS 151

97099 6925

108

CERTIFICATE CORRECTED 8-16-51

51 6938

51 6938

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 1-1-543

Registered No.

1. NAME OF DECEASED (Type or Print): John Edgar Hamlet

2. DATE OF DEATH: 8-9-51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Univ. of Md. Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Washington
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sharpsburg
D. STREET ADDRESS (If rural, give location):

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mar. 12, 1899
9. AGE (In years last birthday): 52
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman - Vice-President (Retired)
10B. KIND OF BUSINESS OR INDUSTRY: White Motor Co.
11. BIRTHPLACE (State or foreign country): Va.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Samuel Hamlet
14. MOTHER'S MAIDEN NAME: Alice Carson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Brain Tumor — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 6-15-51
19B. MAJOR FINDINGS OF OPERATION: Neoplasm Post. Fossa
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-1, 1951, *to* 8-9, 1951 *that I last saw the deceased alive on* 8-9, 1951, *and that death occurred at* 1:10 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE: John S. Metcalf M. D.
23B. ADDRESS: 1407 Eleanor Ave.
23C. DATE SIGNED: 8-9-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug. 12, 1951
24C. NAME OF CEMETERY OR CREMATORY: Mt. View Cemetery
24D. LOCATION (City, town, or county) (State): Sharpsburg, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: AUG 9 1951
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Albert L. Leaf
ADDRESS: Williamsport, Md.

VS 150

290 65 0006926 54B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 6939

51 6939

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. E-340

Registered No.

1. NAME OF DECEASED (Type or Print): Anna M.Edell

2. DATE OF DEATH: August 6th.,1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Harford Nursing Home 4702 Harford Road
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1826 Hope Street 9-09

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 26th.,1874
9. AGE (In years last birthday): 77 — If Under 1 Year: Months 2, Days 10; If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Helfrich
14. MOTHER'S MAIDEN NAME: Mary Otter

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs.Helen Uhl-1803 Hope Street ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Cardio-Vascular Renal Disease — 2

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/27, 1951, *to* 8/6, 1951, *that I last saw the deceased alive on* 8/1, 1951, *and that death occurred at* 10 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Joseph S. Blum M. D.
23B. ADDRESS: 1110 N. Calvert St
23C. DATE SIGNED: 8/8/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-10-51
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cemetery
24D. LOCATION (City, town, or county) (State): Belair Rd. Balto:Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 9 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: George J.Ruth,Inc.-1735 Harford Avenue ADDRESS

VS 150

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

6887.

BLM-149794 51 6940 51 6940

BIRTH NO. 9-653

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): Jack Grant

2. DATE OF DEATH: 7/30/51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Avenue
c. Length of stay in Baltimore: 30 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 5 North Exeter Street Zone 5 5.01

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Sept. 10, 1887
9. AGE (In years last birthday): 63 yrs. | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Alexander (D)
14. MOTHER'S MAIDEN NAME: Mary Patterson (D)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Reocrds: B.C.H. 4940 Eastern Avenue — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

165x and 002x

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cancer of Neck (thorax) — INTERVAL BETWEEN ONSET AND DEATH: 6 mos. plus

DUE TO

ANTECEDENT CAUSES

(B) Pulmonary tuberculosis — Unknown

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-27, 1951, *to* 7-30, 1951, *that I last saw the deceased alive on* 7-30, 1951, *and that death occurred at* 6:30 PM *m., from the causes and on the date stated above.*

23A. SIGNATURE: H. Cogan M. D.
23B. ADDRESS: 4940 Eastern Avenue
23C. DATE SIGNED: 8/2/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/11/51
24C. NAME OF CEMETERY OR CREMATORY: St Peters
24D. LOCATION (City, town, or county): Baltimore (State): Md

DATE RECEIVED BY LOCAL REGISTRAR: AUG 9 1951
REGISTRAR'S SIGNATURE: Lucretia Williams, M.D.
25. FUNERAL DIRECTOR: J M Cohen
ADDRESS: 1217 E Pratt St

VS 150

1 7 5 1 0 0 0 6 9 2 8 5 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

See Document File 51-6940
8/22/51
ES

51 6941 51 6941

D-250

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): Isabel M. Dawson

2. DATE OF DEATH: August 7, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 720 E. Preston Street
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 720 E. Preston Street 9-09

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: Sept. 14, 1897
9. AGE (In years last birthday): 53
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Secretary
10B. KIND OF BUSINESS OR INDUSTRY: Social Security Board
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas B. Dawson
14. MOTHER'S MAIDEN NAME: Annie M. Hommer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Margaret E. Dawson, 720 E. Preston Street

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Breast
DUE TO
(B) with Generalized Carcinomatosis
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: Feb 15 1945
19B. MAJOR FINDINGS OF OPERATION: Tumor breast with glands.
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR? No injury.

22. *I hereby certify that I attended the deceased from* 12-7- *, 194*4 *to* 7-16- *, 195*1*, that I last saw the deceased alive on* 7-16 *, 195*1*, and that death occurred at* _____ *m., from the causes and on the date stated above.*

23A. SIGNATURE: William Neil Jr. M. O.
23B. ADDRESS: 1418 Eutaw Place
23C. DATE SIGNED: 8-9-51

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 8/11/51
24C. NAME OF CEMETERY OR CREMATORY: Baltimore Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: AUG 9 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. Cook, Inc.
ADDRESS: 1217 St. Paul Street

VS 150

350 91 06929 50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 6942

BIRTH NO. S-541

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6942

Registered No.

1. NAME OF DECEASED (Type or Print): JOSEPH SHAMLEFFER Sr.

2. DATE OF DEATH: August 6, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home - 2315 Cedley St.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2315 Cedley Street 21-33

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: Oct. 15, 1880
9. AGE (In years last birthday): 70
If Under 1 Year: Months: Days:
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Finisher
10B. KIND OF BUSINESS OR INDUSTRY: Knaube Piano Co.
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Shamleffer (N)
14. MOTHER'S MAIDEN NAME: Schmidt

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mrs. Grace Michaels, 2315 Cedley Street
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* ~~inspection & inquiry~~ Autopsy, Inspection or Inquiry *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: Stanley D. Dunlacker M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: August 7, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 8/10/51
24C. NAME OF CEMETERY OR CREMATORY: St. Paul's Fifth Reformed
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: AUG 8 1951
REGISTRAR'S SIGNATURE: Eustace Williams, M.D.
25. FUNERAL DIRECTOR: Wm. Cook, Inc.
ADDRESS: 1217 St. Paul Street

VS 151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

6 9 0 3 2 1 0 0 0 6 9 3 0 93

51 6943

BIRTH NO. 9-635

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6943

Registered No.

1. NAME OF DECEASED (Type or Print): Ella Gordon

2. DATE OF DEATH: August 7, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3630 Malden Avenue
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3630 Malden Avenue 13-08

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March 19, 1867
9. AGE (In years last birthday): 84 | If Under 1 Year: Months: Days | If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Howard County, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thompson
14. MOTHER'S MAIDEN NAME: --

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Lelia Doll, 3630 Malden Avenue — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cardio-Renal - Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: 2 years

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 9 *19*49, *to* Aug. 7, *19*51 *that I last saw the deceased alive on* Aug. 7, *19*51, *and that death occurred at* 8:05 P. *m., from the causes and on the date stated above.*

23A. SIGNATURE: J. Wilson M. D.
23B. ADDRESS: 617 W. 40 Th St.
23C. DATE SIGNED: 8/9/51

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 8/11/51
24C. NAME OF CEMETERY OR CREMATORY: Western Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: AUG 9 1951
REGISTRAR'S SIGNATURE: (Illegible) Registrar, Baltimore, Md.
25. FUNERAL DIRECTOR: Wm. Cook, Inc., ADDRESS: 1217 St. Paul Street

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1951 0006931

131a

D140

51 6944

BIRTH NO.

CERTIFICATE CORRECTED 10-19-51

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6944

Registered No.

1. NAME OF DECEASED (Type or Print): GIACOMO Di PAOLO (VENTURINO DiPAOLO)

2. DATE OF DEATH: Aug. 7, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1806 Rutland Avenue
C. Length of stay in Baltimore: 45 years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 8-05
D. STREET ADDRESS (If rural, give location): 1806 Rutland Avenue

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. ~~30~~ 29 1894
9. AGE (In years last birthday): 56 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steelworker
10B. KIND OF BUSINESS OR INDUSTRY: Beth. Steel Co.
11. BIRTHPLACE (State or foreign country): Italy
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Francesco ~~DiPaulo~~ Di Paolo — Steel Mill (?)
14. MOTHER'S MAIDEN NAME: Teresa ~~Quatrura~~ Curti
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): yes
(If yes, give war or dates of service): WWI
16. SOCIAL SECURITY NO.: ?
17. INFORMANT: 1806 Rutland Avenue — Mrs. Teresa ~~DiPaulo~~ Di Paolo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of esophagus — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug. 7, 1951 *to* Aug. 7, 1951, *that I last saw the deceased alive on* Aug. 7, 1951, *and that death occurred at* 2:00 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Reuben Hoffman M. O.
23B. ADDRESS: 846 W. 36th St.
23C. DATE SIGNED: Aug. 8, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 8/10/51
24C. NAME OF CEMETERY OR CREMATORY: Baltimore Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 9 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: HENRY SANDER & SONS, INC. BALTO., 13, MD.
ADDRESS: Leo F. Sander

VS 150

6903A

46a

PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

P200

51 6945
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 6945

1. NAME OF DECEASED (Type or Print): Harry Paesch

2. DATE OF DEATH: Aug 8, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 8-02
D. STREET ADDRESS (If rural, give location): 1845 N. Chester St.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 6-3-1908
9. AGE (In years last birthday): 43 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ?
10B. KIND OF BUSINESS OR INDUSTRY: Steel Mgf.
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Paesch
14. MOTHER'S MAIDEN NAME: Celia Harrison

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-07-9780
17. INFORMANT: ADDRESS: JOHNS HOPKINS HOSPITAL

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Laceration + Contusion of brain — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs

DUE TO

(B) Fall down steps — 4 hrs.

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CERTIFICATION APPROVED BY
William [illegible] M. D.
CHIEF OR ASST. MEDICAL EXAMINER

19A. DATE OF OPERATION: 8/8/51
19B. MAJOR FINDINGS OF OPERATION: Lacerated brain with subdural hematoma
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Baltimore City at our home 1845 N. Chester St.

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): 2⁰⁰ pm Aug 8 1951 m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? Falling down steps + slipping

22. I hereby certify that I attended the deceased from 8-8-, 1951, to 8-8-, 1951, that I last saw the deceased alive on 8-8-, 1951, and that death occurred at 6:50 a m., from the causes and on the date stated above.

23A. SIGNATURE: George G. Culbreth M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 8/8/51

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 8/13/51
24C. NAME OF CEMETERY OR CREMATORY: Sacred Heart Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 9 1951
REGISTRAR'S SIGNATURE: Lauriston Williams, M.D.
25. FUNERAL DIRECTOR: HENRY SANDER & SONS, INC. BALTO., 13, MD.
ADDRESS: Geo. V. Sander

VS 150

N-854.2 | 5 | 903D | 186a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 6946

BIRTH NO. S 530

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6946

Registered No.

1. NAME OF DECEASED (Type or Print): Elizabeth Schmidt.

2. DATE OF DEATH: 8/7/51

3. PLACE OF DEATH:
A. Baltimore City, Maryland ✓
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South Baltimore General Hospital
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 4012 Orchard Avenue. 25-04

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 7/11/91
9. AGE (In years last birthday): 60 — If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Mobile, Alabama
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: J. Quasire
14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT — ADDRESS

MEDICAL CERTIFICATION

18. 260X

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chronic glomerulonephritis — Years

DUE TO

ANTECEDENT CAUSES

(B) Diabetis mellitus — years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Hypertensive cardio-vascular disease — years

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/19/51, 1951, to 8-7-, 1951, that I last saw the deceased alive on 8-7-, 1951, and that death occurred at 6.55 Pm., from the causes and on the date stated above.

23A. SIGNATURE: Quintin del Campo M. D.
23B. ADDRESS: 1215 Light St. Balto Md.
23C. DATE SIGNED: 8-7-51

24A. BURIAL, CREMATION, REMOVAL (Specify): B.
24B. DATE: 8-10-51
24C. NAME OF CEMETERY OR CREMATORY: Cedar Hill
24D. LOCATION (City, town, or county) (State): Balto.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 9 1951
REGISTRAR'S SIGNATURE: Thurlington Williams, M.D.
25. FUNERAL DIRECTOR: James L. McCeney
ADDRESS: 130 E. Stuart Lane

VS 150

1951 006939 61

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 6947

BIRTH NO. J 525

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6947

Registered No.

1. NAME OF DECEASED (Type or Print): Elizabeth Oakford Johnson

2. DATE OF DEATH: August-8-1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland 41 Warrenton Road
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home
c. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore City
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore City
D. STREET ADDRESS (If rural, give location): 41 Warrenton Road 27-11

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: May-15-1875
9. AGE (In years last birthday): 76
If Under 1 Year: Months | Days
If Under 24 Hours: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Charles A. Oakford
14. MOTHER'S MAIDEN NAME: Emma Zollinger

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. Andrew R. Johnson (son)
ADDRESS: Baltimore, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 4200

(A) Arteri Sclerotic Heart Disea — INTERVAL BETWEEN ONSET AND DEATH: 2 years

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug. 1, 1951, *to* Aug. 8, 1951, *that I last saw the deceased alive on* Aug. 6, 1951, *and that death occurred at* 8 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: Crawford N. Kilpatrick Jr. M. D.
23B. ADDRESS: 6 E. Eager St. Baltimore
23C. DATE SIGNED: Aug 9, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: August-10-1951
24C. NAME OF CEMETERY OR CREMATORY: Druid Ridge Cemetery
24D. LOCATION (City, town, or county) (State): Pikesville, Maryland.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 10 1951
REGISTRAR'S SIGNATURE: Lester Jos. Williams, M.D.

25. FUNERAL DIRECTOR: Stewart & Mowen Co.
ADDRESS: 108 W. North Avenue.

VS 150

L 5 1 0 0 0 6 0 3 5 City #1. 93D

PLEASE WRITE PRINTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-623

51 6948

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6948

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Hiram S. Hurst

2. DATE OF DEATH: 8-8-51

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Univ. of Md. Hospital

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 9-03
D. STREET ADDRESS (If rural, give location): 809 Venable Ave

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 31, 1890

9. AGE (In years last birthday): 61 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Supt. Installation

10B. KIND OF BUSINESS OR INDUSTRY: Elec. Equipment

11. BIRTHPLACE (State or foreign country): Tenn

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Thomas K. Hurst

14. MOTHER'S MAIDEN NAME: Harriet Davis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): -

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Carolyn D. Hurst

ADDRESS: 808 Venable Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Abdominal Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 4 mos.

DUE TO

(B) Metastases

DUE TO

(C) Carcinoma of cecum

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

153X

19A. DATE OF OPERATION: 8-1-51

19B. MAJOR FINDINGS OF OPERATION: Metastatic Carcinoma

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-7, 1951, *to* 8-8, 1951, *that I last saw the deceased alive on* 8-8, 1951, *and that death occurred at* 9:25 P.m., *from the causes and on the date stated above.*

23A. SIGNATURE: John S. Mateer M. D.

23B. ADDRESS: 2407 Clifton Ave. Balto 16 Md

23C. DATE SIGNED: 8-9-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8/11/51

24C. NAME OF CEMETERY OR CREMATORY: Parkwood Cem.

24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 10 1951

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: Wm. J. Tilgener & Sons

ADDRESS: Balto, Md.

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

46E

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2-524 51 6949

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6949

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Councill, Mrs Catherine Smith

2. DATE OF DEATH: Aug-9-1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland Baltimore-Md-
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home For Incurables-700 W-40th St
C. Length of stay in Baltimore: 50 years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 13-02
D. STREET ADDRESS (If rural, give location): 601-Lennox St

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 6, 1879
9. AGE (In years last birthday): 72 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Gloucester Co.-Va-
12. CITIZEN OF WHAT COUNTRY? U.S.A-
13. FATHER'S NAME: Robert Richard Rowe
14. MOTHER'S MAIDEN NAME: Lalla Massey
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Laura E Fischer-R.N. Home For Incurables — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

443X

(A) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 months
DUE TO Hypertensive Cardio-Vasc. Dis. — Many years
(B) Gangrenous degeneration both feet — 2 weeks
DUE TO Peripheral vascular sclerosis — Many years
(C) Arthritis Deformans-multiple joints — 20 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION: -
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 9th *, 1946, to* August 9th *, 1951, that I last saw the deceased alive on* August 8th *, 1951, and that death occurred at* 1 35 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: Thomas Conrad Woell M. D.
23B. ADDRESS: 11 E. Chase St, Baltimore 2 Md.
23C. DATE SIGNED: Aug. 9th 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/11/51
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 10 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Tickner & Sons
ADDRESS: 23 Balto Md.

VS 150

K-620

51 6950

51 6950

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Amos D. Kirk

2. DATE OF DEATH: 8-8-57

3. PLACE OF DEATH: A. Baltimore City, Maryland — Baltimore, Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital, Accident Room

C. Length of stay in Baltimore: 15 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 9-05
D. STREET ADDRESS (If rural, give location): 1308 Homestead St.

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 12, 1902

9. AGE (In years last birthday): 48 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tax clerk

10B. KIND OF BUSINESS OR INDUSTRY: Esso. —

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank D. Kirk

14. MOTHER'S MAIDEN NAME: Sadie L. Bunting

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Son: Gordon J. Kirk — ADDRESS: 5209 Columbia

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 420.2

(A) Angina pectoris — INTERVAL BETWEEN ONSET AND DEATH: 20-30 minutes

DUE TO

ANTECEDENT CAUSES

(B) not known

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. none

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-8-, 1957, *to* 8-8, 1957, *that I last saw the deceased alive on* 8-8-, 1957, *and that death occurred at* 2:30 *A.m., from the causes and on the date stated above.*

23A. SIGNATURE: Eugene Ch. Baumann M. D.

23B. ADDRESS: Mercy Hospital

23C. DATE SIGNED: 8-8-57

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8/11/51

24C. NAME OF CEMETERY OR CREMATORY: Woodlawn Cem.

24D. LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 10 1951

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: Wm. J. Tickner & Sons

ADDRESS: Balto., Md. - 94B

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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620

51 6951

51 6951

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MARY ISABELL PRICE

2. DATE OF DEATH: Aug. 8, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2817 W. North Ave.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15-06
D. STREET ADDRESS (If rural, give location): 2817 W. North Ave.

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Nov. 5, 1893
9. AGE (In years last birthday): 57
If Under 1 Year: Months: Days:
If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Morris McKenney
14. MOTHER'S MAIDEN NAME: Mary Dickey

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mr. Hugh R. Price
ADDRESS: 2817 W. North Ave.

MEDICAL CERTIFICATION

18. 443X

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 d.

DUE TO

ANTECEDENT CAUSES

(B) Rupture aneurysm Cerebral artery — 4 d

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Hypertensive Cardio-Vascular disease — 10 yrs

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Old cerebral Hemorrhagic hemiplegia — 3 yrs

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1950, *to* Aug 8, 1951, *that I last saw the deceased alive on* Aug 8, 1951, *and that death occurred at* 12:30 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Daniel Robertson M. D.
23B. ADDRESS: 835 Forest Park Ave
23C. DATE SIGNED: 8/9/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/10/51
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 10 1951
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Wm. J. Tickner & Sons.
ADDRESS: Balto., Md.

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Lowery

51 6952

BIRTH NO. L-600

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): Stella Hazel Lowry

2. DATE OF DEATH: Aug. 9, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hospital for Women of Maryland.
C. Length of stay in Baltimore: ? Yrs. ~~Mos. Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Balto.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1429 Bolton Street. 14-01

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 11, 1881
9. AGE (In years last birthday): 69
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Warner
14. MOTHER'S MAIDEN NAME: Carrie Wells.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT (Husband): Earl Lowry
ADDRESS: Same.

MEDICAL CERTIFICATION

18. 443X

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Minutes

DUE TO

ANTECEDENT CAUSES

(B) Hypertensive - arteriosclerotic — Years.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Cardiovascular Disease

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug. 7, 1951, *to* Aug. 9, 1951, *that I last saw the deceased alive on* Aug. 9, 1951, *and that death occurred at* 9:25 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Gene U. Cohen, M. D.
23B. ADDRESS: Hosp. for Women of Maryland
23C. DATE SIGNED: 8-9-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug 13-1951
24C. NAME OF CEMETERY OR CREMATORY: Queens Point
24D. LOCATION (City, town, or county) (State): Keyser W Va

DATE RECEIVED BY LOCAL REGISTRAR: AUG 10 1951
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Henry W. Lenhart & Sons
ADDRESS: 490 Park Road 937

VS 150

1951 10 00 6

51 6953

BIRTH NO. M-460

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6953

Registered No.

1. NAME OF DECEASED (Type or Print): ALVIN G. MUELLER

2. DATE OF DEATH: Aug.6,1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Colonial Nursing Home 4506 Sorrento Road.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fairfield
D. STREET ADDRESS (If rural, give location): 1300 Chesapeake Ave. 25-06

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: Nov 11,1860
9. AGE (In years last birthday): 90 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10B. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Alfred G. Mueller, Newark, N.J. ADDRESS

MEDICAL CERTIFICATION

18. 443X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Hypertensive Cardiovascular

DUE TO

(B) Heart Disease

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-30, 1951, *to* 8-6, 1951, *that I last saw the deceased alive on* 8-6, 1951, *and that death occurred at* 5 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: Wellbourn Fenny M. D.
23B. ADDRESS: 3025 Belair Road
23C. DATE SIGNED: 8-10-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/10/51
24C. NAME OF CEMETERY OR CREMATORY: Cedar Hill
24D. LOCATION (City, town, or county) (State): Anne Arundel Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 10 1951
REGISTRAR'S SIGNATURE: Austin Williams M.D.
25. FUNERAL DIRECTOR: W M Cook Jr
ADDRESS: 1217 St Paul St

VS 150

PLEASE WRITE ... INLY, WITH UNFADING INK. Every item of information should be ca... ly supplied. The correct age is espec... portant. Physicians: please write the causes of death clearly and leg...

E 1 0 0 0 6 9 3 D

H.635

51 6954

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6954

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): OSMOND O. HARDIMAN

2. DATE OF DEATH: Aug.9,1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 807 East 33rd St.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 807 E. 33rd St. 9-05

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec.27,1877
9. AGE (In years last birthday): 73
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Watchman,retired
10B. KIND OF BUSINESS OR INDUSTRY: Bethlehem Steel Co.
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William E. Hardiman
14. MOTHER'S MAIDEN NAME: Mary Mason,

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 219-01-6339
17. INFORMANT: Raymond Hardiman, 807 E. 33rd St.
ADDRESS

MEDICAL CERTIFICATION

18. 331X

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 9 months

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) arteriosclerosis — ?

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Diabetes Mellitus — 4 years

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/16/50, 19__, *to* 8/9/51, 19__, *that I last saw the deceased alive on* 8/9/51, 19__, *and that death occurred at* 4:45A *m., from the causes and on the date stated above.*

23A. SIGNATURE: Francis W. Gluck M. D.
23B. ADDRESS: 3406 St Paul St
23C. DATE SIGNED: 8/10/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/11/51
24C. NAME OF CEMETERY OR CREMATORY: Mondawmin Park
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: AUG 10 1951
REGISTRAR'S SIGNATURE: Timothy Williams, M.D.
25. FUNERAL DIRECTOR: J M Cook Jr
ADDRESS: 1217 St Paul St

VS 150

763 3A

61

T 520

51 6955

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6955

Registered No.

1. NAME OF DECEASED (Type or Print): JAMES THOMAS

2. DATE OF DEATH: 8-7-51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1031 N. Lanvale St
C. Length of stay in Baltimore: Yrs. 16 Mos. ~~Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 1031 W Lanvale St
D. STREET ADDRESS (If rural, give location): 16-01

5. SEX: Male
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: Sep 7-07
9. AGE (In years last birthday): 44
If Under 1 Year: Months — Days —
If Under 24 Hours: Hours — Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chef
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pittsylvania Va
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Abram Thomas Va
14. MOTHER'S MAIDEN NAME: Jarlie Adkins Va

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Jaradatha Thomas
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: a few minutes

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 2, 1951, *to* Aug 7, 1951, *that I last saw the deceased alive on* Aug 2, 1951, *and that death occurred at* 7 a.m. *from the causes and on the date stated above.*

23A. SIGNATURE: C. M. Lawrence M. D.
23B. ADDRESS: 1033 W. Lanvale St.
23C. DATE SIGNED: 8/8/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/9/51
24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: AUG 10 1951
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: William A Jackson
ADDRESS:

VS 150

94a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K-410
51 6956

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6956
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mrs. Mary Elizabeth Kilby

2. DATE OF DEATH: August 8, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1013 W. 37th Street
C. Length of stay in Baltimore: 35 years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1013 W. 37th Street 13-06

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Feb. 22, 1872
9. AGE (in years last birthday): 79
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Joseph Wysor
14. MOTHER'S MAIDEN NAME: Louisa Duncan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ---
17. INFORMANT: Mrs. Viola Poe
ADDRESS: 1013 W. 37th Street

MEDICAL CERTIFICATION

18. 420.0

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) Mesenteric Embolus — 2 days

DUE TO

(B) arteriosclerosis — 4 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Arr. Vent. fibrillation

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 15, 1951, *to* Aug 8, 1951, *that I last saw the deceased alive on* Aug 8, 1951, *and that death occurred at* 3:35 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: 2020 E. Chase St
23C. DATE SIGNED: 8/9/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug. 11, 1951
24C. NAME OF CEMETERY OR CREMATORY: Woodlawn
24D. LOCATION (City, town, or county) (State): Baltimore Co., Maryland

DATE RECEIVED BY LOCAL REGISTRAR: AUG 10 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Burgee Funeral Home
ADDRESS: 3631 Falls Road
Horace F. Burgee

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1951 06 9 4 937

G-610

51 6957

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6957

Registered No.

1. NAME OF DECEASED (Type or Print): Katie Grebe

2. DATE OF DEATH: August 9, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 13 E. Heath St.
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 13 E. Heath St. 23-03

5. SEX: FeMale
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec. 14, 1860
9. AGE (In years last birthday): 90 yrs
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George W. Willershausam
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mr. George A. Grebe, ADDRESS: 122 W.Clement St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial degeneration — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

(B) Arteriosclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/8/51, 19__, *to* 8/9/51, 19__, *that I last saw the deceased alive on* 8/9/51, 19__, *and that death occurred at* 11 A. *m., from the causes and on the date stated above.*

23A. SIGNATURE: Denis J. McGrath M. D.
23B. ADDRESS: 1 E. Randall St. Balto 22
23C. DATE SIGNED: 8/10/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug. 13, 1951
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 10 1951
REGISTRAR'S SIGNATURE: Curtis Williams, M.D.
25. FUNERAL DIRECTOR: Charles L. Amorosa
ADDRESS: 4510 Liberty Heights Ave.

VS 150

1951 0006945 93D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

T 500

51 6958

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 6958

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): DELORES TONEY

2. DATE OF DEATH: August 9, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kernan Children's Hospital
C. Length of stay in Baltimore (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 612 Brune Street 17-03

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: March 15, 1942
9. AGE (In years last birthday): 9
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): South Carolina
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Newton Toney
14. MOTHER'S MAIDEN NAME: Anna Bell Dubose

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Newton Toney ADDRESS: 612 Brune St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

491 X

(A) Bronchopneumonia

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: William H. Foard M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: August 9, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-12-51
24C. NAME OF CEMETERY OR CREMATORY:
24D. LOCATION (City, town, or county) (State): Hartsville, South Carolina

DATE RECEIVED BY LOCAL REGISTRAR: AUG 10 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: W. Francis A. Hemsley
ADDRESS: 578 W. Biddle St.

VS 151

1951 000 6946 107

G-650

51 6959

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 51 6959

Registered No.

1. NAME OF DECEASED (Type or Print): William H. Green

2. DATE OF DEATH: 8/8/51

3. PLACE OF DEATH: A. Baltimore City, Maryland 940 Sharp Street

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 940 Sharp Street

C. Length of stay in Baltimore (Yrs. Mos. Days): Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 940 Sharp Street 23-01

5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): S
8. DATE OF BIRTH: 7/8/1902
9. AGE (In years last birthday): 49
If Under 1 Year: Months: Days:
If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Helper on Truck
10B. KIND OF BUSINESS OR INDUSTRY: General Lettver
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY? ✓

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 217-09-8970
17. INFORMANT: Annie Gross
ADDRESS: 940 Sharp Street

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) acute Lobar Pneumonia

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 9 days

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/29, 1951, to 8/8, 1951, that I last saw the deceased alive on 8/7, 1951, and that death occurred at 5 a m., from the causes and on the date stated above.

23A. SIGNATURE: [illegible] M. D.
23B. ADDRESS: [illegible]
23C. DATE SIGNED: 8/9/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/13/51
24C. NAME OF CEMETERY OR CREMATORY: Mt Calvary Ct
24D. LOCATION (City, town, or county) (State): Q. A. Co, Md

DATE RECEIVED BY LOCAL REGISTRAR: AUG 10 1951
REGISTRAR'S SIGNATURE: [illegible] Williams, Md
25. FUNERAL DIRECTOR: L. L. Brown & Son
ADDRESS: 108 W Montgomery St

VS 150

5 19052 6917 108

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 6960

51 6960

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. J-650

1. NAME OF DECEASED (Type or Print): PAWEL, JAREMA

2. DATE OF DEATH: Aug. 9, 1951

3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. city

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 8. S. Chester St.

C. Length of stay in Baltimore: 2 yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md.

B. COUNTY: 2-01

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.

D. STREET ADDRESS (If rural, give location): 8 S. Chester St. 1-05

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH:

9. AGE (In years last birthday): 67 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): D. P. from Ukrainia

10B. KIND OF BUSINESS OR INDUSTRY: None.

11. BIRTHPLACE (State or foreign country): Ukrain

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ✓

14. MOTHER'S MAIDEN NAME: ✓

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Rev. Roman HANAS — ADDRESS: 8. S. Chester St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 260X

(A) Diabetes Coma — INTERVAL BETWEEN ONSET AND DEATH: unk.

DUE TO

(B) Diabetes Mellitus — ?

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Generalized Arteriosclerosis — ?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 7, 1951, *to* Aug. 9, 1951, *that I last saw the deceased alive on* Aug. 9, 1951, *and that death occurred at* 6:45 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: Max Steinder M. D.

23B. ADDRESS: 1007 E. Batt St.

23C. DATE SIGNED: 8/9/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: Aug 11-1951

24C. NAME OF CEMETERY OR CREMATORY: St. Michaels Ukrainian

24D. LOCATION (City, town, or county) (State): Balto. Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 10 1951

REGISTRAR'S SIGNATURE: Hunter for Williams, M.D.

25. FUNERAL DIRECTOR: Wm. S. Filkowski — ADDRESS: 2007 Eastern Ave

VS 150

61

PLEASE WRITE ... WITH UNFADING INK. Every item of information should be ca... ly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legi...

T-460

51 6961

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6961

1. NAME OF DECEASED (Type or Print): GEORGE T. TAYLOR

2. DATE OF DEATH: Aug. 7, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1219 Valley Street
C. Length of stay in Baltimore: Yrs. Mos. Days — Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 10-01
D. STREET ADDRESS (If rural, give location): 1219 Valley Street

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: Aug. 27, 1871
9. AGE (In years last birthday): 79 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Freight foreman
10B. KIND OF BUSINESS OR INDUSTRY: Penna. R.R. - ret.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: George Taylor
14. MOTHER'S MAIDEN NAME: Laura Miller
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Miss Mary V. Taylor — ADDRESS: 1219 Valley Street

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) pulmonary edema. — INTERVAL BETWEEN ONSET AND DEATH: 1 day

DUE TO

ANTECEDENT CAUSES

(B) Arteriosclerotic coronary artery disease. — ?

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3 Aug, 1951, *to* 7 Aug, 1951, *that I last saw the deceased alive on* 7 Aug, 1951, *and that death occurred at* 5:45 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Samuel Silverfield M. D.
23B. ADDRESS: 714 E. Preston St
23C. DATE SIGNED: 7 Aug 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 8/10/51
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 10 1951
REGISTRAR'S SIGNATURE: [illegible] Williams, MD
25. FUNERAL DIRECTOR: HENRY SANDER & SONS, INC.
ADDRESS: BALTO., 13, MD. Sig. H. Sander

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1951 00006012

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N-51

420
6962
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 6962

1. NAME OF DECEASED (Type or Print): ERNEST HENRY NEELS

2. DATE OF DEATH: 8-9-51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital
C. Length of stay in Baltimore: 40 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3416 Parklawn Ave.

8-01

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec 24, 1910
9. AGE (In years last birthday): 40
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10B. KIND OF BUSINESS OR INDUSTRY: Western Electric
11. BIRTHPLACE (State or foreign country): Co Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Peter Neels
14. MOTHER'S MAIDEN NAME: Katherine Jacobs.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): Unknown
16. SOCIAL SECURITY NO.: 216-03-2904
17. INFORMANT ADDRESS: 3416 Parklawn Avenue
Mrs. Caroline V. Neels

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Myocardial Infarct — INTERVAL BETWEEN ONSET AND DEATH: 5 hrs.
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-9-51, 19__, *to* 8-9, 19 51, *that I last saw the deceased alive on* 8-9, 19 51, *and that death occurred at* 6:20 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: Waverly S. Green, Jr. M. D.
23B. ADDRESS: Union Memorial Hosp, Baltimore
23C. DATE SIGNED: 8-9-51

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 8/13, 1951
24C. NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 10 1951
REGISTRAR'S SIGNATURE: [illegible] M.D.
25. FUNERAL DIRECTOR: HENRY SANDER & SONS, INC.
BALTO., 13, MD.
ADDRESS: [illegible] Sander

VS 150

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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51 6963

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6963

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Ruth Thelma Jones

2. DATE OF DEATH: 8-9-51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Provident Hospital
C. Length of stay in Baltimore: 7 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2630 Francis St.

13 603

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 2/7/32
9. AGE (In years last birthday): 19
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): N.C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wilson Laurence
14. MOTHER'S MAIDEN NAME: Lue Yates

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Taken from Hospital Records
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Reaction to Novocaine — INTERVAL BETWEEN ONSET AND DEATH: 15 min
DUE TO Local.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Uterine inertia — 4 days
DUE TO

(C) Nativity

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/27, 1950, *to* 8/9, 1951, *that I last saw the deceased alive on* 8/9, 1951, *and that death occurred at* 1 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: A Louis Young M. D.
23B. ADDRESS: 1160 Druid Hill Ave
23C. DATE SIGNED: 8/9/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug. 11, 1951
24C. NAME OF CEMETERY OR CREMATORY: Fairmont, N. C.
24D. LOCATION (City, town, or county) (State): Robeson Co. N. C.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 10 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Douglas Funeral Home
ADDRESS: 1651 Druid Hill Ave.

VS 150

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 0 0 6 9 5 1 1 4 9 B

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SCI 4/8

H-620

REA-150894

BIRTH NO. 51 6964

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6964

1. NAME OF DECEASED (Type or Print): Willie Harris

2. DATE OF DEATH: August 5, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Avenue
C. Length of stay in Baltimore: 25 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1313 E. Lombard Street

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan. 15, 1902
9. AGE (In years last birthday): 49 — If Under 1 Year: Months Days — If Under 24 Hours: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Georgia
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Evans Williams
14. MOTHER'S MAIDEN NAME: Rosie
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Records: B. C. H. ADDRESS: 4940 Eastern Avenue

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 017 X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: Unknown
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Addison's Disease — Unknown

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-31, 1951, *to* 8-5, 1951, *that I last saw the deceased alive on* 8-5, 1951, *and that death occurred at* 12:35A m., *from the causes and on the date stated above.*

23A. SIGNATURE: A. S. Hogan M. D.
23B. ADDRESS: 4940 Eastern Avenue
23C. DATE SIGNED: 8-7-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/11/51
24C. NAME OF CEMETERY OR CREMATORY: Mt Calvary
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: AUG 10 1951
REGISTRAR'S SIGNATURE: Lurington Williams M.D.
25. FUNERAL DIRECTOR: Rayner Sanders
ADDRESS: 1412 E Preston St

VS 150

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

460

51 6965

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6965

Registered No.

1. NAME OF DECEASED (Type or Print): Marian Wheeler

2. DATE OF DEATH: Aug 9, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland Aug 1 Fal 1
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 15 10
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3924 Ridgewood Ave

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 4-22-'96
9. AGE (In years last birthday): 55 — If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert Wheeler
14. MOTHER'S MAIDEN NAME: Sarah Bone

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: ADDRESS: JOHNS HOPKINS HOSPITAL

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

170X

(A) Multiple carcinoma Metastasis — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs +

DUE TO

(B) Carcinoma of breast

DUE TO

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-22-, 1951, *to* 8-9-, 1951, *that I last saw the deceased alive on* 8-9-, 1951, *and that death occurred at* 12:22 *m., from the causes and on the date stated above.*

23A. SIGNATURE: John Burroughs M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 8/9/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug 13/1951
24C. NAME OF CEMETERY OR CREMATORY: London Park
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: AUG 10 1951
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Harry H. Musacco
ADDRESS: 4204 Ridgewood Ave

VS 150

1951 008 85 6953 50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W 623
51 6966

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6966
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Charles F. Wright

2. DATE OF DEATH: Aug. 9, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3211 Westwood Ave.
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3211 Westwood Ave.,

15-06

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 3, 1911
9. AGE (In years last birthday): 40
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railway Clerk.
10B. KIND OF BUSINESS OR INDUSTRY: U.S. Govt.
11. BIRTHPLACE (State or foreign country): Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles F. Wright
14. MOTHER'S MAIDEN NAME: Hattie Scherer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Hilda E. Wright
ADDRESS: 3211 Westwood Ave

MEDICAL CERTIFICATION

18. 420.1

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 8 hrs.

DUE TO

(B) Coronary Insufficiency — 6 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 23 1951, *to* August 7, 1951, *that I last saw the deceased alive on* Aug 7, 1951, *and that death occurred at* 8:00 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Cullen Stewart M. D.
23B. ADDRESS: 6 E. Read St
23C. DATE SIGNED: 8/10/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-11-1951
24C. NAME OF CEMETERY OR CREMATORY: Woodlawn
24D. LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 10 1951
REGISTRAR'S SIGNATURE: Lucy Williams M.D.
25. FUNERAL DIRECTOR: G. Howard Strong
ADDRESS: 3207 W. North Ave.,

VS 150

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Wilbur Stewart
6 E Reed St. Mil 7054

P-400

51 6967

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6967

1. NAME OF DECEASED (Type or Print): WILLIAM POWELL

2. DATE OF DEATH: August 5, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maryland General Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 917 N. Arlington Avenue

16-01

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Separated
8. DATE OF BIRTH: June 8, 1896
9. AGE (In years last birthday): 55 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stevedore
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William Powell.
14. MOTHER'S MAIDEN NAME: Eliza ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 217-05-1312
17. INFORMANT: Beatrice Powell, New York, N. Y. — ADDRESS:

MEDICAL CERTIFICATION

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

18. 002 X

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Far advanced pulmonary tuberculosis

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection & Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from:* natural causes ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: William Powell M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: August 6, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug. 11, 1951
24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 10 1951
REGISTRAR'S SIGNATURE: Winston Williams, M.D.
25. FUNERAL DIRECTOR: Mrs Katie R. Williams
ADDRESS: 322 N Schroeder St

VS 151

1951 04055 0 0 8 8 8

13B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

P-635
51 6968

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 6968

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mary Carter

2. DATE OF DEATH: August 8, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1814 Mashers t.
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1814 Mosher St..

16-04

5. SEX: Female
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Jan. 1881
9. AGE (In years last birthday): 70 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife..
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Yorktown, Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Quickley.
14. MOTHER'S MAIDEN NAME: Emily

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Spencer Carter. ADDRESS: 1814 Mosher St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 days
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 28, 1951, *to* Aug 8, 1951, *that I last saw the deceased alive on* Aug 6, 1951, *and that death occurred at* 3 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: J. Douglas Sheppard M. D.
23B. ADDRESS: 604 N. Fulton Ave
23C. DATE SIGNED: 8/10/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: August 11, 1951
24C. NAME OF CEMETERY OR CREMATORY: Arbutus Memorial
24D. LOCATION (City, town, or county) (State): Arbutus, Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 10 1951
REGISTRAR'S SIGNATURE: Lester Williams, M.D.
25. FUNERAL DIRECTOR: Mrs Kate R. Williams
ADDRESS: 3221 Schroder St

VS 150

94a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

T-656

51 6969
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 6969

1. NAME OF DECEASED (Type or Print): ROBERT TURNER

2. DATE OF DEATH: August 8, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1100 N. Calhoun Street

16-02

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: March 26, 1882
9. AGE (In years last birthday): 69
If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): New Kent Co. Virginia.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Flemming Turner.
14. MOTHER'S MAIDEN NAME: Jane Allen Sheppard.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Yeta W. Turner. ADDRESS: 1100 N. Calhoun.

MEDICAL CERTIFICATION

18. 0 2 3 X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Syphilitic cardiovascular disease
DUE TO

ANTECEDENT CAUSES
(B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* inspection & inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: William Hartle M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: August 9, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: August 13, 1951
24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn.
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 10 1951
REGISTRAR'S SIGNATURE: Lucile Jon Williams, M.D.
25. FUNERAL DIRECTOR: Mrs Katie R Williams
ADDRESS: 322 F. Schroeder St

VS 151

30E

1 0 5 1 0 0 0 6 9 5 7

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W 160

51 6970
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 6970

1. NAME OF DECEASED (Type or Print): LAWRENCE WEAVER

2. DATE OF DEATH: August 8, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home – 251 N. Schroeder Street
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 251 N. Schroeder Street

18-01

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married.
8. DATE OF BIRTH: July 20, 1914
9. AGE (In years last birthday): 38 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor.
10B. KIND OF BUSINESS OR INDUSTRY: Upholster
11. BIRTHPLACE (State or foreign country): Hemmingway, S.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: James Weaver.
14. MOTHER'S MAIDEN NAME: Eliza
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Currleten Weaver — ADDRESS: 251 N. Schroeder St.

MEDICAL CERTIFICATION

18. 430.0

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Vegetative endocarditis

~~DUE TO~~

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Infarctions of spleen and kidney

~~DUE TO~~

(C) Cardiac failure

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: William H. Powell M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: August 9, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Interred.
24B. DATE: August 11, 1951
24C. NAME OF CEMETERY OR CREMATORY: Hemmingway, S.C.
24D. LOCATION (City, town, or county) (State): Hemmingway, S.C.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 10 1951
REGISTRAR'S SIGNATURE: Lucille Williams, M.D.
25. FUNERAL DIRECTOR: Mrs Katie R. Williams — ADDRESS: 342 N. Schroeder St.

VS 151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

9748 6958 91a

S-530
51 6971

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 6971

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Ruth INEZ Smith
2. DATE OF DEATH: 8-10-51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1321 N. CENTRAL AV.
C. Length of stay in Baltimore (Yrs. Mos. Days): LIFE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 1321 N. CENTRAL AVE

909

5. SEX: F
6. COLOR OR RACE: C.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 7-7-1901
9. AGE (In years last birthday): 50 | If Under 1 Year: Months: Days | If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DOMESTIC
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): BALTO, Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John JACKSON.
14. MOTHER'S MAIDEN NAME: SALLIE JACKSON

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Joseph Smith ADDRESS: 1321 N. CENTRAL AV.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 420.0

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 3 mos

DUE TO

(B) Arteriosclerotic Heart Disease. — ?

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* August 1, 1951, *to* August 10, 1951, *that I last saw the deceased alive on* Aug 9, 1951, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23A. SIGNATURE: J. R. Blum M. D.
23B. ADDRESS: 1222 N. Caroline
23C. DATE SIGNED: Aug. 10-51

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 8-13-51
24C. NAME OF CEMETERY OR CREMATORY: Mt. Calvary
24D. LOCATION (City, town, or county) (State): A. C. County Md

DATE RECEIVED BY LOCAL REGISTRAR: AUG 10 1951
REGISTRAR'S SIGNATURE: Lincoln Williams, M.D.
25. FUNERAL DIRECTOR: Joseph E. Lock, Jr.
ADDRESS: 1304 N. Central Ave

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5 1208 A 6 8 5 0

93D

M-216
51 6972

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 6972

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): Alventa Catherine McFarland

2. DATE OF DEATH: Aug. 9, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: —
C. CITY OR TOWN (If outside corporate limits write RURAL and give township): Baltimore 8-01
D. STREET ADDRESS (If rural, give location): 3302 Richmond Ave.

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): S
8. DATE OF BIRTH: Nov. 19, 1875
9. AGE (In years last birthday): 75
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Agustus Henry McFarland
14. MOTHER'S MAIDEN NAME: Valenia Emment

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: J. David Manks
ADDRESS: Pentridge Apts.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 5 wks

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Arteriosclerotic heart disease — ? yrs

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerotic kidneys — ? yrs

19A. DATE OF OPERATION: x
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 6, 1951, *to* Aug 9, 1951, *that I last saw the deceased alive on* Aug 9, 1951, *and that death occurred at* 2:40 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: Alfred S. Nelson M. D.
23B. ADDRESS: Union Memorial Hospital Baltimore 18, Maryland
23C. DATE SIGNED: Aug 9, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/11/51
24C. NAME OF CEMETERY OR CREMATORY: Mt Olivet Cemetery
24D. LOCATION (City, town, or county) (State): Hanover Penn.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 10 1951
REGISTRAR'S SIGNATURE: Curtis Williams, M.D.
25. FUNERAL DIRECTOR: Charles F. Evans & Son
ADDRESS: 118 W. Mt. Royal Ave.

VS 150

131a

F 216
51 6973

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6973

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Fesperman, Minnie Turner

2. DATE OF DEATH: 8-8-51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital
C. Length of stay in Baltimore: 20 Yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 16 04
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore, 17
D. STREET ADDRESS (If rural, give location): 1108 N. Monroe Street

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 15, 1908
9. AGE (In years last birthday): 43
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Jim Turne r
14. MOTHER'S MAIDEN NAME: Eliza Wright

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Warren Fesperman ADDRESS: 1108 N. Monroe St.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 175X I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma of Ovary, bilateral
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Intestinal obstruction, mechanical

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 6, 1951, 19__, to Aug 8, 1951, that I last saw the deceased alive on Aug. 8, 1951 and that death occurred at 8:40 p.m., from the causes and on the date stated above.

23A. SIGNATURE: Frank W. Bahr, Jr. M. D.
23B. ADDRESS: St Joseph's Hospital
23C. DATE SIGNED: 8/8/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/12/51
24C. NAME OF CEMETERY OR CREMATORY: Culpepper, Va.
24D. LOCATION (City, town, or county) (State): Culpepper Va.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 13 1951
REGISTRAR'S SIGNATURE: Curtis for Williams, M.D.
25. FUNERAL DIRECTOR: Geo. G. Kelson
ADDRESS: 1303 Pressman St.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1951 0 0 6 9 6 149a

S-432

51 6974

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6974

Registered No.

1. NAME OF DECEASED (Type or Print): Lydia Shelds (Mrs. Howard)

2. DATE OF DEATH: 8-9-51

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md

B. COUNTY: 13-07

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore

D. STREET ADDRESS (If rural, give location): 3724 Sudan Arms Ave

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct 14, 1884

9. AGE (In years last birthday): 66

If Under 1 Year: Months: Days

If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Patrick Fowler

14. MOTHER'S MAIDEN NAME: Laura Higby

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mr. Chas. E. Shelds

ADDRESS: 3724 Sudan Arms

MEDICAL CERTIFICATION

18. 443 X

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Cerebro Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs.

DUE TO

(B) Hypertensive Cardio Vascular Disease — ? years

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-9, 1951 *to* 8-9, 1951 *that I last saw the deceased alive on* 8-9, 1951, *and that death occurred at* 12 N m., *from the causes and on the date stated above.*

23A. SIGNATURE: Richard Beach M. D.

23B. ADDRESS: Union Memorial Hospital

23C. DATE SIGNED: 8/9/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8/11/51

24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.

24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 10 1951

REGISTRAR'S SIGNATURE: Lucington Williams M.D.

25. FUNERAL DIRECTOR: Wm. J. Tichner & Sons

ADDRESS: Balto., Md. 93

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-253

51 6975

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6975

Registered No.

BIRTH NO. N.R.

1. NAME OF DECEASED (Type or Print): JOHN C. ROSENDALE 2nd.

2. DATE OF DEATH: August 8, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bradshaw
D. STREET ADDRESS (if rural, give location): Jones Road

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: JAN. 8 - 1951
9. AGE (In years last birthday): 7 mo. — If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Bradshaw - Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph N. Rosendale
14. MOTHER'S MAIDEN NAME: Dorothea E Travers

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Father — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Infantile diarrhea 571.0

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* inspection & inquiry *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.
(Autopsy, Inspection or Inquiry)

23A. SIGNATURE: William V. Smith M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: August 9, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-11-51
24C. NAME OF CEMETERY OR CREMATORY: Parkwood
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: AUG 10 1951
REGISTRAR'S SIGNATURE: Hunter Van Williams, M.D.
25. FUNERAL DIRECTOR: L. J. Ruck — ADDRESS: 5305 Harford Rd

VS 151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 000 6965 119a

N# 524
51 6976

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 6976

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Sophia Wenzelburger

2. DATE OF DEATH: 8/10/51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sinai Hosp
C. Length of stay in Baltimore: 14 Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Pa.
B. COUNTY: Allegheny V-35
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pittsburgh
D. STREET ADDRESS (If rural, give location): 1122 Morrison St

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): S
8. DATE OF BIRTH: March 20-1901
9. AGE (In years last birthday): 50 yrs
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pittsburgh Pa
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Chris Wenzelburger
14. MOTHER'S MAIDEN NAME: Sophia Keller
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: James Powell Jr. ADDRESS: Pittsburgh Pa

MEDICAL CERTIFICATION

18. 416 X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Acute Pulmonary Edema
DUE TO
(B) Thromboembolism of Aorta + Shock
DUE TO
(C) Auricular Fibrillation & RHD

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: ✓
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/10, 1951 *to* 8/10, 1951 *that I last saw the deceased alive on* 8/10, 1951 *and that death occurred at* 1 45 *a.m., from the causes and on the date stated above.*

23A. SIGNATURE: Jerome Keller M. D.
23B. ADDRESS: Sinai Hosp
23C. DATE SIGNED: 8/10/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-14-51
24C. NAME OF CEMETERY OR CREMATORY: Union Dale
24D. LOCATION (City, town, or county) (State): Pittsburgh Pa

DATE RECEIVED BY LOCAL REGISTRAR: AUG 10 1951
REGISTRAR'S SIGNATURE: Curtis M. Williams, M.D.
25. FUNERAL DIRECTOR: John C. Mellon Inc. 2495 E. Ohio St
ADDRESS:

PLEASE WRITE LEGIBLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1951 0 0 6 9 6 4 VR 99 95B

M-260

51 6977

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6977

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): Mary A. McGuire

2. DATE OF DEATH: Aug 10, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2823 Overland Avenue
C. Length of stay in Baltimore: 50 Yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2823 Overland Avenue

27-02

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Sungle
8. DATE OF BIRTH: Aug. 14, 1868
9. AGE (In years last birthday): 82 — If Under 1 Year: Months II, Days 25; If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seamstres
10B. KIND OF BUSINESS OR INDUSTRY: Slip Covers
11. BIRTHPLACE (State or foreign country): Pikesville, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Patrick McGuire
14. MOTHER'S MAIDEN NAME: Margaret Fewer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Miss. Mary L. McGuire — ADDRESS: 2823 Overland Ave. Balto. Md.

MEDICAL CERTIFICATION

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) Arteriosclerotic Heart Disease — (?) Yrs.

DUE TO

(B) Cardiac dilatation — ?

DUE TO

(C) Hypertension — ?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1948 19__, *to* 8/10/51, 19__, *that I last saw the deceased alive on* 8/8/51, 19__, *and that death occurred at* 7 a.m. *from the causes and on the date stated above.*

23A. SIGNATURE: Walter E. Karfgin M. D.
23B. ADDRESS: 433 Harford Rd.
23C. DATE SIGNED: 8/10/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-13-51
24C. NAME OF CEMETERY OR CREMATORY: St. Charles Cemetery
24D. LOCATION (City, town, or county) (State): Pikesville, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: AUG 11 1951
REGISTRAR'S SIGNATURE: Winter Stone Williams, M.D.
25. FUNERAL DIRECTOR: George J. Ruth, Inc. — ADDRESS: 1735 Harford Avenue

VS 150

1951 006965

93D

R-300

51 6978 BL - 149983

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6978

1. NAME OF DECEASED (Type or Print): Cora Reedy

2. DATE OF DEATH: 8-10-51

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.

C. Length of stay in Baltimore: 8 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 13-06
D. STREET ADDRESS (If rural, give location): 3503 Keswick Rd.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Wid.
8. DATE OF BIRTH: Feb. 16, 1873
9. AGE (In years last birthday): 78 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Penna.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Anthony
14. MOTHER'S MAIDEN NAME: Harriet Wolfe

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: B. C. H. Records, 4940 Eastern Ave. ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 600.0 and E 903.0

(A) Congestive Heart Failure — 1Mo Plus

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Pyonephrosis — 18mo Plus

DUE TO

(C)

CERTIFICATION APPROVED BY: C. J. Lukmann M.D. William Worth M.D. CHIEF OR ASST. MEDICAL EXAMINER.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Fracture left Hip. — 39 days

19A. DATE OF OPERATION: 7-5-51
19B. MAJOR FINDINGS OF OPERATION: Open reduction & Blount nail for fracture of L. Hip.
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [✓] CAUSE OF DEATH
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): at home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 3503 Keswick Rd.
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: 7-3-51
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR? Slipped - fell to floor. Run in by a child at front step.

22. *I hereby certify that I attended the deceased from* 7-3-51, 19__, *to* Aug. 10, 19 51 *that I last saw the deceased alive on* Aug. 10, 19 51 *and that death occurred at* 12.30 AM *from the causes and on the date stated above.*

23A. SIGNATURE: C. S. Cogan M. D.
23B. ADDRESS: 4940 Eastern Ave.
23C. DATE SIGNED: 8-10-51

24A. ~~BURIAL, CREMATION~~ REMOVAL (Specify): Removal
24B. DATE: 8/11/51
24C. NAME OF CEMETERY OR ~~CREMATORY~~: Kellersburg Pa
24D. LOCATION (City, town, or county) (State):

DATE RECEIVED BY LOCAL REGISTRAR: AUG 11 1951
REGISTRAR'S SIGNATURE: Hunter for Williams, M.D.
25. FUNERAL DIRECTOR: Wm Cook Inc
ADDRESS: 227 St. Paul St

To be Approved by Medical Examiner

VS 150

N-820.1 1951000696 133B

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Record by medical examiner.

340

51 6979
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 6979

1. NAME OF DECEASED (Type or Print): DUDLEY, MADELINE E.

2. DATE OF DEATH: 8-9-51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hosp.
C. Length of stay in Baltimore: 50 yrs. Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 603
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 421 Collington Ave. #31

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH: Apr 7, 1879
9. AGE (In years last birthday): 72 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10B. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): N.Y.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Patrick Fay
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT: David J. Dudley
ADDRESS: 421 W. Collington

MEDICAL CERTIFICATION

1B. E903.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) cardiac failure
DUE TO
(B) hypertension C-V disease
DUE TO
(C) intertrochanteric fracture right hip

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE CONDITION ABOVE, STATING THE UNDERLYING CONDITION LAST.

CERTIFICATION WAS CONFIRMED BY C. F. Leasmel M.D.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CHIEF OF MEDICAL EXAMINER

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 8-7-51
19B. MAJOR FINDINGS OF OPERATION: Intertrochanteric fracture Rt. hip
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 421 Collington Ave. #31
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): 8-5-51 4 P.m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21F. HOW DID INJURY OCCUR? fell at home - Slipped & fell to floor

22. I hereby certify that I attended the deceased from 8-5-51, 19__, to 8-9-51, 19__, that I last saw the deceased alive on 8-9-51, 19__ and that death occurred at 7 P.m., from the causes and on the date stated above.

23A. SIGNATURE: John White M. D.
23B. ADDRESS: University Hosp.
23C. DATE SIGNED: 8-9-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug 13/51
24C. NAME OF CEMETERY OR CREMATORY: Mt. Lorimel
24D. LOCATION (City, town or county) (State): Baltimore

DATE RECEIVED BY LOCAL REGISTRAR: AUG 11 1951
REGISTRAR'S SIGNATURE: Christopher Williams, M.D.
25. FUNERAL DIRECTOR: Philip Herwig Sons
ADDRESS: 2027 Eutaw St.

VS 150

N-820.01 9 5 1 0 0 0 6 9 6 7

186a

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be clearly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

350

51 6980

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6980

1. NAME OF DECEASED (Type or Print): FREDERICK P. STEIN

2. DATE OF DEATH: Aug. 9-1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Balto, Md.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 17 S. Washington Str.
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 17 S. Washington Str.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 7-1882
9. AGE (In years last birthday): 68
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contractor (Retired)
10B. KIND OF BUSINESS OR INDUSTRY: Own Business
11. BIRTHPLACE (State or foreign country): Balto Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Peter R. Stein
14. MOTHER'S MAIDEN NAME: Caroline Blonaier

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Y
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Marie Stein — ADDRESS

MEDICAL CERTIFICATION

18. 420.1

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive cardiovascular disease — INTERVAL BETWEEN ONSET AND DEATH: 3 years

DUE TO

(B) coronary thrombosis

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Senile dementia

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19_____, *to* _____, 19_____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23A. SIGNATURE: Harry Gilbert M. D.
23B. ADDRESS: 6006 Eastern Av
23C. DATE SIGNED: 8/31/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug. 13-1951
24C. NAME OF CEMETERY OR CREMATORY: Oak Lawn
24D. LOCATION (City, town, or county) (State): Balto Co. Md

DATE RECEIVED BY LOCAL REGISTRAR: AUG 11 1951
REGISTRAR'S SIGNATURE: Lurlington Williams, M.D.
25. FUNERAL DIRECTOR: John B. Connelly — ADDRESS: 418 Eastern Ave Balto 21, Md.

VS 150

1951 0 290 24 9 6 8 93

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly

BIRTH NO. 51 6981

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6981

1. NAME OF DECEASED (Type or Print): Joseph L. Rosensteel

2. DATE OF DEATH: Aug. 10, 1951

3. PLACE OF DEATH: A. Baltimore City, Maryland 633 E. 35th St

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 9-03

D. STREET ADDRESS (If rural, give location): 643 McKewin Ave

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: Dec. 13, 1873

9. AGE (In years last birthday): 77 If Under 1 Year: Months Days If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Serg. Police, Retired

10B. KIND OF BUSINESS OR INDUSTRY: Police Dept.

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: J. Leo Rosensteel

14. MOTHER'S MAIDEN NAME: Frances Roberts

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Robert Rosensteel ADDRESS: 2717 Chesterfield Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 9 days.

DUE TO

ANTECEDENT CAUSES

(B) Chronic Nephritis — ?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Arteriosclerosis — ?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Possible Carcinoma of Prostate — ?

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 28, 1951, *to* 10 Aug, 1951, *that I last saw the deceased alive on* 9 Aug, 1951, *and that death occurred at* 3 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Samuel Silverfeld M. D.

23B. ADDRESS: 714 E. Preston St.

23C. DATE SIGNED: 11 Aug 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: Aug. 13, 1951

24C. NAME OF CEMETERY OR CREMATORY: St. Mary's

24D. LOCATION (City, town, or county) (State): Govans

DATE RECEIVED BY LOCAL REGISTRAR: AUG 11 1951

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: Rita Wiedefeld ADDRESS: 900 E. Biddle St

VS 150 1951-B 006969

131a

M-250

51 6982

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6982

1. NAME OF DECEASED (Type or Print): DAVID C. Mc KIM

2. DATE OF DEATH: August 10, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3535 Hayward Avenue
C. Length of stay in Baltimore: 18 Yrs.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-18
D. STREET ADDRESS (If rural, give location): 3535 Hayward Avenue

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: March 26, 1885
9. AGE (In years last birthday): 66
If Under 1 Year: Months: Days:
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Adding Machine Repairman, self employed
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Luray, Virginia.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: A. W. McKim
14. MOTHER'S MAIDEN NAME: Bessie Coffman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT: R. L. McKim, Luray, Va.
ADDRESS:

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 443X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive and Arteriosclerotic Cardiovascular Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: Stanley H. Dunladen M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: 8/10/51

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: Aug. 12, 1951
24C. NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery,
24D. LOCATION (City, town, or county) (State): Luray, Virginia.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 11 1951
REGISTRAR'S SIGNATURE: Winston Williams, M.D.
25. FUNERAL DIRECTOR: C. Vernon Lemmon
ADDRESS: 4611 Park Heights Av.

VS 151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

E51 G5 0 6 9 7 0 93D

A-325

51 6983

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6983

1. NAME OF DECEASED (Type or Print): Charles E. Adkins, Sr.

2. DATE OF DEATH: Aug. 10, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3340 Clifton Ave.
C. Length of stay in Baltimore: 35 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3340 Clifton Ave.,

15-1/7

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: July 12, 1886
9. AGE (in years last birthday): 65 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Yard Master
10B. KIND OF BUSINESS OR INDUSTRY: Canton R.R.
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: B.W.B. Adkins
14. MOTHER'S MAIDEN NAME: Georgia Bradley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Frederick R. Adkins — ADDRESS: 3340 Clifton Ave.,

MEDICAL CERTIFICATION

18. 450.0

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) Pneumonia.

DUE TO (B) Emphysema severe

DUE TO (C) generalized arteriosclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): —
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* Jan 1950, 19, *to* Aug 10th, 1951, *that I last saw the deceased alive on* Aug 10, 1951, *and that death occurred at* 6:55 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: 3033 W North Ave
23C. DATE SIGNED: 8/10/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-13-1951
24C. NAME OF CEMETERY OR CREMATORY: Woodlawn
24D. LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 11 1951
REGISTRAR'S SIGNATURE: Lucille Williams, M.D.
25. FUNERAL DIRECTOR: G. Howard Strong — ADDRESS: 3207 W. North Ave.,

VS 150

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-346

51 6984

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6984

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): Harry A. Butler

2. DATE OF DEATH: Aug. 9. 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1604 Division St.
C. Length of stay in Baltimore: Yrs. Mos. Days — Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 14-07
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.
D. STREET ADDRESS (If rural, give location): 1604 Division St.

5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH: June 6, 1881
9. AGE (In years last birthday): 70 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Insurance Collector
10B. KIND OF BUSINESS OR INDUSTRY: Insurance Co.
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 217-09-8156
17. INFORMANT: William Durall — ADDRESS: 428 W. Mosher St.

MEDICAL CERTIFICATION

18. 447X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Apoplexy — 10 Days

DUE TO

(B) Hypertension — ?

DUE TO

(C) Chr. Cardio-Renal vascular disease — ?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 15, 1951 to Aug 9, 1951, that I last saw the deceased alive on Aug. 9, 1951, and that death occurred at 12:55 p.m., from the causes and on the date stated above.

23A. SIGNATURE: Wm. L. Berry M. D.
23B. ADDRESS: 1420 E. Chase
23C. DATE SIGNED: Aug 10 '51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug 13, 1951
24C. NAME OF CEMETERY OR CREMATORY: M.A. Calvary
24D. LOCATION (City, town, or county) (State): Brooklyn, A.A. Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 11 1951
REGISTRAR'S SIGNATURE: Lucretia Williams, M.D.
25. FUNERAL DIRECTOR: Wm. L. Chatman Jr.
ADDRESS: 1701 McCulloh St. Balto. Md.

VS 150

1951 32123 6

131a

P-120

51 6985

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X

Registered No. 51 6985

1. NAME OF DECEASED (Type or Print): Robert Davis ROBERT SPAIN DAVIS

2. DATE OF DEATH: August 10, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: W. Va.
B. COUNTY: V-45
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parkersburg
D. STREET ADDRESS (If rural, give location): 1707 Market St.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1-31-77
9. AGE (In years last birthday): 74 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Worker
10B. KIND OF BUSINESS OR INDUSTRY: Glass Mfg.
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Isaac Davis
14. MOTHER'S MAIDEN NAME: Mary Scanlon SCANLON

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 232-05-6253
17. INFORMANT: JOHNS HOPKINS HOSPITAL ADDRESS

MEDICAL CERTIFICATION

18. 331X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 2 days

DUE TO

ANTECEDENT CAUSES

(B) Generalized arteriosclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-1, 1951, *to* 8-10, 19__, *that I last saw the deceased alive on* 8-10, 1951, *and that death occurred at* 5:30 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: Rex R Martin M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 8-10-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: 8/11/51
24C. NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cem.
24D. LOCATION (City, town, or county) (State): Parkersburg, W. Va.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 11 1951
REGISTRAR'S SIGNATURE: Curtis Williams, M.D.
25. FUNERAL DIRECTOR: Wm J Tickner & Son Inc
ADDRESS: Balto Md

VS 150

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83a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE CORRECTED 8-22-51

L-460

JL - 146393

51 6986

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6986

1. NAME OF DECEASED (Type or Print): William Lawler

2. DATE OF DEATH: 8-10-51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospital 4940 Eastern Ave.
c. Length of stay in Baltimore: 8 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 702 N. Howard St. 1 Apt. 4

11-03

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 28, 1881
9. AGE (In years last birthday): 69 | If Under 1 Year: Months | Days | If Under 24 Hours: Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bartender
10B. KIND OF BUSINESS OR INDUSTRY: Belvedere Hotel
11. BIRTHPLACE (State or foreign country): Pa.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John Lawler
14. MOTHER'S MAIDEN NAME: Catherine Kelly
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 205-09-4358
17. INFORMANT: B. C. H. Records
ADDRESS: 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

331 X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 4-5 Yrs. (~~45 yrs.~~)

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: ✓
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-1-51, 19__, *to* Aug. 10, 19 51 *that I last saw the deceased alive on* Aug. 10, 19 51 *and that death occurred at* 8am *m., from the causes and on the date stated above.*

23A. SIGNATURE: P. S. Vogan M. D.
23B. ADDRESS: 4940 Eastern Ave.
23C. DATE SIGNED: 8-10-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: 8/11/51
24C. NAME OF CEMETERY OR CREMATORY: Sylvan Hgts. Cem.
24D. LOCATION (City, town, or county) (State): Uniontown, Pa.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 11 1951
REGISTRAR'S SIGNATURE: Emma Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Tickner & Sons Inc.
ADDRESS: Balto, Md

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1951 1008 B 6971

83a

S-352

51 6987

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 6987

1. NAME OF DECEASED (Type or Print): DAISY RACHAEL STONESIFER

2. DATE OF DEATH: August 10, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5418 St. Albans Way
~~Baltimore City Morgue~~
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-12
D. STREET ADDRESS (If rural, give location): 5418 St. Albans Way

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: July 29, 1882
9. AGE (In years last birthday): 69
If Under 1 Year: Months: Days:
If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Practitioner
10B. KIND OF BUSINESS OR INDUSTRY: Christian Science
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Wm. A. Stonesifer
14. MOTHER'S MAIDEN NAME: Susan Frock

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mr. Albert Robeson
ADDRESS: 307 Overhill Road

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 170 X

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of the breast

~~DUE TO~~

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection & Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: Stanley K. Dunlaban M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: 8/10/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/13/51
24C. NAME OF CEMETERY OR CREMATORY: Kriders Cem.
24D. LOCATION (City, town, or county) (State): Westminster, Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 11 1951
REGISTRAR'S SIGNATURE: Curtis for Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Tickner & Sons
ADDRESS: Balto Md.

VS 151

07884

50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-152

CERTIFICATE CORRECTED 8-11-51

BALTIMORE CITY HEALTH ~~DEPARTMENT~~

CERTIFICATE OF DEATH

51 6988 Registered No.

BIRTH NO. 51 6988 B-86125

1. NAME OF DECEASED (Type or Print): WILLIAM GOODMAN RAYMOND ROBBINS

2. DATE OF DEATH: August 10, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27 16
D. STREET ADDRESS (If rural, give location): 3403 Woodland Avenue

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: August 14 1947
9. AGE (In years last birthday): 3 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Harry J. Robbins
14. MOTHER'S MAIDEN NAME: Vivian C. Myers.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Harry J. Robbins ADDRESS: 3403 Woodlawn Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Drowning
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

E929.8

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): River
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Quarters Seneca River at Wy Road & Bowley's
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug. 10, 1951 3:00 P.m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? Drowned while playing in water 5300

22. *I certify that I took charge of the remains described above, held an* Inspection & Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☒, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: William V. Loretto M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: August 11, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: August 13, 1951
24C. NAME OF CEMETERY OR CREMATORY: Lorraine Cemetery
24D. LOCATION (City, town, or county) (State): Woodlawn, Balto. Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 11 1951
REGISTRAR'S SIGNATURE: Lurington Williams, M.D.
25. FUNERAL DIRECTOR: Mr. C. V. Simmons
ADDRESS: 4609 Park Heights

VS 151

N-990X

1951 0 0 6 9 7 6 183

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

William Goodman Robbins

age 3

August 14, 1947

Baltimore, Md.

Harry J. Robbins

Vivian C. Myers

Monday, August 13th

Jovana Ann

Wardlow Balto. Co. Md.

F 630

51 6989

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6989

1. NAME OF DECEASED (Type or Print): Mae Jamison FRIED

2. DATE OF DEATH: August 10, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 206 Paddington Rd.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 206 Paddington Rd.

27-12

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb. 27, 1885
9. AGE (In years last birthday): 66 — If Under 1 Year: Months Days — If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Nebraska
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Sterling Jamison
14. MOTHER'S MAIDEN NAME: Margaret Shirk

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mr. Harold c. Dix — ADDRESS: 206 Paddongton Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) GENERALIZED CARCINOMATOSIS, — INTERVAL BETWEEN ONSET AND DEATH: 1 YEAR

DUE TO PRIMARY SITE UNKNOWN

(B) (anatomical location-- retroperitoneal)

DUE TO

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ARTERIOSCLEROTIC C-V-D — 1 YEAR

19A. DATE OF OPERATION: /
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 8, 1950, *to* Aug 10, 1951, *that I last saw the deceased alive on* Aug 10, 1951, *and that death occurred at* 6 30 a. m., *from the causes and on the date stated above.*

23A. SIGNATURE: John M. Scott M. D.
23B. ADDRESS: 8 Longwood Road
23C. DATE SIGNED: 8/10/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: 8/11/51
24C. NAME OF CEMETERY OR CREMATORY:
24D. LOCATION (City, town, or county) (State): Butte, Nebraska

DATE RECEIVED BY LOCAL REGISTRAR: AUG 11 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Tickner & Sons
ADDRESS: Balto., Md. 46H

VS 150

1951 (R.S.B.) 6977

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

See Document File 51-6089
8/17/51
ES

S-1 336
51 6990

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6990
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): ANNA M. STADER

2. DATE OF DEATH: 9 August 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): The Lutheran Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Lauraloone
D. STREET ADDRESS (If rural, give location): 2922 Charleston Ave. 5300

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: 19 July 1912
9. AGE (In years last birthday): 39
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Alban
14. MOTHER'S MAIDEN NAME: Lydia —

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.:
17. INFORMANT: Roland J. Stader, ADDRESS: 2922 Charleston Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

DUE TO

ANTECEDENT CAUSES

(B) Renal hypertension

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Hypertensive arteriosclerotic } cardiovascular disease.

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): —
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* 4 August, 1951, *to* 9 August, 1951, *that I last saw the deceased alive on* 9 August, 1951, *and that death occurred at* 1 PM, *from the causes and on the date stated above.*

23A. SIGNATURE: William T. Kremer M. D.
23B. ADDRESS: The Lutheran Hospital
23C. DATE SIGNED: 9 August 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug. 13/51
24C. NAME OF CEMETERY OR CREMATORY: Loudon Pk.
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 11 1951
REGISTRAR'S SIGNATURE: Kenneth Williams M.D.
25. FUNERAL DIRECTOR: Harry H. Weitzter
ADDRESS: 4001 Edmondson Ave

VS 150

1951 0006 93D

M-242

51 6991

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6991

1. NAME OF DECEASED (Type or Print): Edward McAllister

2. DATE OF DEATH: Aug. 9/51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1610 Wilkens Ave.
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 19-04
D. STREET ADDRESS (If rural, give location): 106 S. Mount St.

5. SEX: Male
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 20, 1885
9. AGE (In years last birthday): 66 yrs. If Under 1 Year: Months Days. If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Salesman
10B. KIND OF BUSINESS OR INDUSTRY: W. Md. Dairy
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ------McAllister
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 215 10 2347
17. INFORMANT: A, Mrs. Bessie McAllister, ADDRESS: 231 S. Gilmor St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma, Gastric — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 6, 1951 *to* Aug 9, 1951, *that I last saw the deceased alive on* Aug 9, 1951, *and that death occurred at* 11:30 m., *from the causes and on the date stated above.*

23A. SIGNATURE: H H Baylus M. D.
23B. ADDRESS: 1600 Wilkens Ave
23C. DATE SIGNED: 10 Aug 51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug. 13/51
24C. NAME OF CEMETERY OR CREMATORY: Lorraine Park
24D. LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 11 1951
REGISTRAR'S SIGNATURE: Lurington Williams, M.D.
25. FUNERAL DIRECTOR: Harry H. Lintz
ADDRESS: 4101 Edmondson Ave.

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

9 E31 6B 46 B

M-255

51 6992 H-151964

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6992

1. NAME OF DECEASED (Type or Print): James Matthew McMahon

2. DATE OF DEATH: 8-10-51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 16-08
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 704 Mt. Holly St. -29

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Oct. 16, 1871
9. AGE (In years last birthday): 79 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: Brick Layer
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Michael Mc Mahon
14. MOTHER'S MAIDEN NAME: Anna E.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: 4940 Eastern Ave. B. C. H. Records — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 10 days

DUE TO

ANTECEDENT CAUSES

(B) Coronary Sclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-6-51, 19__, *to* Aug. 10, 19 51, *that I last saw the deceased alive on* Aug. 10, 1951, *and that death occurred at* 4.07 AM, *from the causes and on the date stated above.*

23A. SIGNATURE: R. S. Rozen M. D.
23B. ADDRESS: 4940 Eastern Ave.
23C. DATE SIGNED: 8-10-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug. 13/51.
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral
24D. LOCATION (City, town, or county) (State): Balto. 29. Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 11 1951
REGISTRAR'S SIGNATURE: Winston Williams M.D.
25. FUNERAL DIRECTOR: Harry H. Leitzke
ADDRESS: 4101 Edmondson

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

E 1 0 0 0 6 9 8 0 94a Alm

H-553

BIRTH NO. 51 6993

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X Registered No. 51 6993

1. NAME OF DECEASED (Type or Print): William Hammond

2. DATE OF DEATH: August 9, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Agnes Caton & Wilkens Ave.
C. Length of stay in Baltimore: Yrs. 40 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Catonsville
D. STREET ADDRESS (If rural, give location): 420 Shadynook Ave. #28 5300

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: APR. 24, 1898 52 yrs.
9. AGE (In years last birthday): 52
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10B. KIND OF BUSINESS OR INDUSTRY: B & O. Railroad
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: John Hammond
14. MOTHER'S MAIDEN NAME: Mary Shipley
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Wm. F. Hammond (same) ADDRESS

MEDICAL CERTIFICATION

18. 4201 I

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Atherosclerosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Coronary Occlusion

DUE TO

(C) Myocardial Infarction

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/1, 1951, *to* 8/9, 1951, *that I last saw the deceased alive on* 8/9, 1951, *and that death occurred at* 9:50 a.m. *from the causes and on the date stated above.*

23A. SIGNATURE: John E. Healy M. D.
23B. ADDRESS: 38 Cygnus Hosp
23C. DATE SIGNED: 8/9/51

24A. BURIAL, CREMATION, REMOVAL (Specify)
24B. DATE: 8/13/51
24C. NAME OF CEMETERY OR CREMATORY: Springfield cemetery
24D. LOCATION (City, town, or county) (State): Sykesville, Carroll Co.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 11 1951
REGISTRAR'S SIGNATURE: Eunice Williams, M.D.
25. FUNERAL DIRECTOR: MacJabb & Son
ADDRESS: Catonsville 28

VS 150

390 50 94a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B 623
51 6994

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6994
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Gladys O. Braxton

2. DATE OF DEATH: August 9, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland 1720 Division St.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —
C. Length of stay in Baltimore (Yrs. Mos. Days): Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 14-02
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1720 Division Street

5. SEX: Female
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Dec. 11, 1895
9. AGE (In years last birthday): 55
If Under 1 Year: Months | Days
If Under 24 Hours: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse's Aid
10B. KIND OF BUSINESS OR INDUSTRY: Crawford Retreat
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Sander Thompson
14. MOTHER'S MAIDEN NAME: Lottie Braxton

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 215-16-9498
17. INFORMANT: Lottie B. Bowen, mother, ADDRESS: 1720 Division St.

MEDICAL CERTIFICATION

18. 173 X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CARCINOMA of STUMP of UTERUS — INTERVAL BETWEEN ONSET AND DEATH: 18 Mo's

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* JAN. 15, 1951 *to* AUG 9, 1951, *that I last saw the deceased alive on* AUG 2, 1951, *and that death occurred at* 3.30 P. *m., from the causes and on the date stated above.*

23A. SIGNATURE: E. William Frey M. D.
23B. ADDRESS: 1928 Penna Ave
23C. DATE SIGNED: 8/10/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug. 13, 1951
24C. NAME OF CEMETERY OR CREMATORY: M.A. Auburn
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 11 1951
REGISTRAR'S SIGNATURE: Hunter for Williams, M.D.
25. FUNERAL DIRECTOR: John M. Johnson
ADDRESS: 1700 Druid Hill Ave

VS 150

51 075085

48 B

PLEASE WRITE IN ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-160

51 6995

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6995

Registered No.

BIRTH NO. N.R.

1. NAME OF DECEASED (Type or Print): NANCY LYNN Cooper

2. DATE OF DEATH: AUG 11 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL Hal 3 Aug
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: VA
B. COUNTY: V-43
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Alexandria
D. STREET ADDRESS (If rural, give location): 212 Briland St.

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): S.
8. DATE OF BIRTH: 6-26-47
9. AGE (In years last birthday): 4
If Under 1 Year: Months | Days
If Under 24 Hours: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Washington D. C
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Gerald W. Cooper
14. MOTHER'S MAIDEN NAME: Helen Cole

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None

17. INFORMANT: JOHNS HOPKINS HOSPITAL
ADDRESS

MEDICAL CERTIFICATION

18. 751X

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Compression brain stem — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Increased intracranial pressure — 1 mo.

DUE TO

(C) Adhesions about 4th ventricle — 1 yr

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: None recent. 4 yrs ago removed encephalocele
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-8- *, 1951, to* 8-11- *, 1951, that I last saw the deceased alive on* 8-11- *, 1951, and that death occurred at* 4 05 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: George S. Culbreth M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 8/11/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/11/51
24C. NAME OF CEMETERY OR CREMATORY: Chicago
24D. LOCATION (City, town, or county) (State): Chicago - Ill

DATE RECEIVED BY LOCAL REGISTRAR: AUG 11 1951
REGISTRAR'S SIGNATURE: Lucas for Williams, M.D.
25. FUNERAL DIRECTOR: J M Cohen Inc
ADDRESS: 1214 Eastern St

VS 150

1951 0006983 1577

PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 6996

524

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6996

Registered No. 107166

1. NAME OF DECEASED (Type or Print): John Patterson Emshwiller

2. DATE OF DEATH: 8/11/51 5:45 AM

3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): U.S. PHS Hospital

c. Length of stay in Baltimore (Yrs. Mos. Days): 10

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: Prince George

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hyattsville

D. STREET ADDRESS (If rural, give location): 4401 Colesville Road

66-36

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Sep 8, 1892

9. AGE (In years last birthday): 58

If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): civil service employee

10B. KIND OF BUSINESS OR INDUSTRY: ?

11. BIRTHPLACE (State or foreign country): Ind.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Marion Amos Emshwiller

14. MOTHER'S MAIDEN NAME: Margaret Patterson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Yes

(If yes, give war or dates of service): ?

16. SOCIAL SECURITY NO.: ?

17. INFORMANT: Records. US PHS Hospital, Baltimore, Md.

ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Ascitic and pleural fluid causing respiratory distress due to metastasis — INTERVAL BETWEEN ONSET AND DEATH: 3-4 wks.

DUE TO

(B) Primary bronchogenic carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 11/30/50

19B. MAJOR FINDINGS OF OPERATION: Carcinoma

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____ 19__, *to* ____, 19__, *that I last saw the deceased alive on* 8-11, 19 51, *and that death occurred at* 5 45 a. m., *from the causes and on the date stated above.*

23A. SIGNATURE: W P Ramey M. D.

23B. ADDRESS: Marine Hospital

23C. DATE SIGNED: 8-11-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8/15/51

24C. NAME OF CEMETERY OR CREMATORY: Arlington Natl.

24D. LOCATION (City, town, or county) (State): Arlington Va

DATE RECEIVED BY LOCAL REGISTRAR: AUG 1 1951

REGISTRAR'S SIGNATURE: Huntington Williams M.D.

25. FUNERAL DIRECTOR: N.W. Chambers CO

ADDRESS: Riverdale Md.

VS 150

1951 0006 984

47c

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 6997

51 6997

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 51-16459

1. NAME OF DECEASED (Type or Print): Fields Baby Girl

2. DATE OF DEATH: July 21, 51

3. PLACE OF DEATH: A. Baltimore City, Maryland — Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital

C. Length of stay in Baltimore: Life (Yrs. / ~~Mos.~~ / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Howard
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Elkridge, Md.
D. STREET ADDRESS (If rural, give location): Montgomery Rd - 6300

5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Infant
8. DATE OF BIRTH: July 19, 1951
9. AGE (In years last birthday): ~~Years~~ | If Under 1 Year: ~~Months~~ Days: 1 | If Under 24 Hours: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: No Record
14. MOTHER'S MAIDEN NAME: Florence Fields

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mother — ADDRESS: above

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 1 day

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 19, 1951, *to* July 21, 1951, *that I last saw the deceased alive on* July 21, 1951, *and that death occurred at* 8:00 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Mary E. Scottus, M. D.
23B. ADDRESS: Univ. Hospital
23C. DATE SIGNED: July 21, 51

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE:
24C. NAME OF CEMETERY OR CREMATORY: UNIVERSITY MEDICAL SCHOOL JUL 27 1951
24D. LOCATION (City, town, or county) (State):

DATE RECEIVED BY LOCAL REGISTRAR: AUG 1 2 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Commissioner of Health
ADDRESS:

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 6985 159

51 6998

BIRTH NO. 51-16176

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 6998

Registered No.

1. NAME OF DECEASED (Type or Print): Baby Boy Tucker

2. DATE OF DEATH: 7/18/51

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. #30 21-01
D. STREET ADDRESS (If rural, give location): 910 Ridgely St.

5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): —
8. DATE OF BIRTH: 7-18-51
9. AGE (In years last birthday): If Under 1 Year: Months: Days: If Under 24 Hours: Hours: 6 Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Robert Lee Edwards
14. MOTHER'S MAIDEN NAME: Maggie Elizabeth Tucker
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Maggie Tucker ADDRESS: as above

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

776x

(A) Prematurity

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/18/51, 19__, *to* 7/18, 1951, *that I last saw the deceased alive on* 7/18, 1951, *and that death occurred at* 7:46 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE: J. E. Furman M. D.
23B. ADDRESS: University Hospital
23C. DATE SIGNED: 7/18/51

24A. BURIAL, CREMATION, REMOVAL (Specify)
24B. DATE
24C. NAME OF CEMETERY OR CREMATORY: UNIVERSITY MEDICAL SCHOOL
24D. LOCATION (City, town, or county) (State): JUL 27 1951

DATE RECEIVED BY LOCAL REGISTRAR: AUG 1 2 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Commissioner of Health
ADDRESS

VS 150

159

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

T-630 51 6999 Turn #1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 6999

BIRTH NO. 51-16172

1. NAME OF DECEASED (Type or Print): Baby Boy Tart

2. DATE OF DEATH: July 17, 1951

3. PLACE OF DEATH: A. Baltimore City, Maryland — Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital

C. Length of stay in Baltimore: Life — Yrs. 1 Mos. Hr. 25 Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore, Md
D. STREET ADDRESS (If rural, give location): 8 Douglas St.

5. SEX: M
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): INFANT
8. DATE OF BIRTH: July 17, 1951
9. AGE (In years last birthday): X — If Under 1 Year: Months / Days — If Under 24 Hours: Hours 1 / Min. 25

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): INFANT
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Herbert Tart
14. MOTHER'S MAIDEN NAME: Lorraine Lurree Wiseman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: 8 Douglas St. — ADDRESS: Above

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 1 Hr. 25 Min.

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 17, 1951, to July 17, 1951, that I last saw the deceased alive on July 17, 1951, and that death occurred at 7:15 P m., from the causes and on the date stated above.

23A. SIGNATURE: Mary E. Matthews M. D.
23B. ADDRESS: University Hospital
23C. DATE SIGNED: July 24 51

24A. BURIAL, CREMATION, REMOVAL (Specify)
24B. DATE
24C. NAME OF CEMETERY OR CREMATORY: UNIVERSITY MEDICAL SCHOOL
24D. LOCATION (City, town, or county) (State): JUL 27 1951

DATE RECEIVED BY LOCAL REGISTRAR: AUG 1 2 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Commissioner of Health
ADDRESS

VS 150

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1951 000 6987

159

51 7000

BIRTH NO. 51-16173

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 7000

Registered No.

1. NAME OF DECEASED (Type or Print): TART, BABY BOY

2. DATE OF DEATH: July 17, 1951

3. PLACE OF DEATH: A. Baltimore City, Maryland — BALTIMORE

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): UNIVERSITY HOSPITAL

C. Length of stay in Baltimore: LIFE 1 HR 25 MIN. Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE: MARYLAND B. COUNTY: Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE Middle River

D. STREET ADDRESS (If rural, give location): 8 DOUGLAS ST 5300

5. SEX: MALE

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): —

8. DATE OF BIRTH: July 17, 1951

9. AGE (In years last birthday): 1 HR 25

If Under 1 Year: Months | Days

If Under 24 Hours: Hours 1 | Min. 25

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): BALTIMORE, MD

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: HERBERT TART

14. MOTHER'S MAIDEN NAME: LOLOOMA LUREE WISEMAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: S ADDRESS:

MEDICAL CERTIFICATION

18. 776 X

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 1 HR. 25 MIN.

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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22. *I hereby certify that I attended the deceased from* July 17, 1951, *to* July 17, 1951, *that I last saw the deceased alive on* July 17, 1951, *and that death occurred at* 7:15 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: J. E. Matthews M. D.

23B. ADDRESS: University Hosp.

23C. DATE SIGNED: July 24 51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY: UNIVERSITY MEDICAL SCHOOL

24D. LOCATION (City, town, or county) (State): JUL 27 1951

DATE RECEIVED BY LOCAL REGISTRAR: AUG 1 2 1951

REGISTRAR'S SIGNATURE: for Williams, M.D.

25. FUNERAL DIRECTOR: Commissioner of Health

ADDRESS

VS 150

159